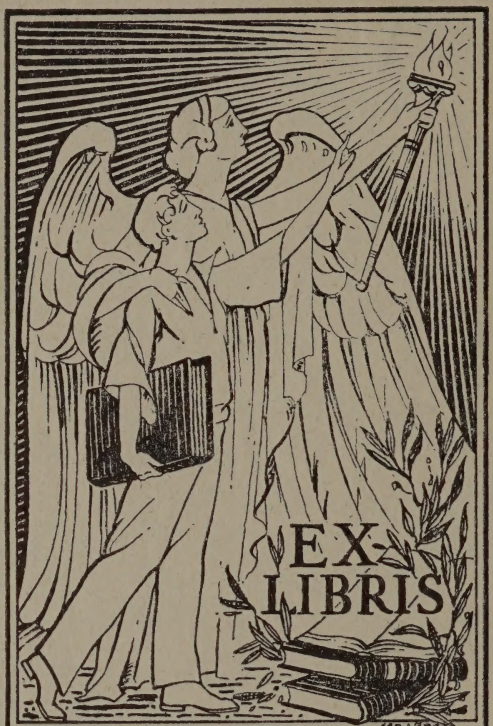
American National Red Cross

Helping Disabled Veterans



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The American National Red Cross
Washington, D. C.

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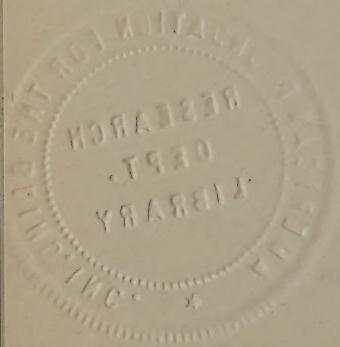

Introduction

ANY VETERAN will find his return to civilian life a good deal smoother if his family, his friends, and his community understand that his military experiences may have temporarily diverted him from the pattern of life at home. The disabled veteran in particular—and it is with him that this pamphlet is exclusively concerned—needs to be surrounded by people who understand something of his recent experiences, who recognize the limitations caused by his disability, but who are fully aware of the capabilities which he still has and will need to use.

As a Home Service worker, you have a unique opportunity to become the link between the veteran and his home. By informing yourself you can serve the veteran more intelligently in your direct contacts with him. By passing on the information you have to his family, his employers, and the general public, you will indirectly offer him another more far-reaching service which may well be the vital factor in his ultimate development as a contented and participating citizen.

This pamphlet is designed to acquaint you with the nature of the more common disabilities of veterans. It will tell you something about his physical symptoms, his emotional reactions, and the possible effects they may have upon his social life, his relations with his family, and his capacity for productive work. Insofar as that is possible in generalized terms, it will help you to learn and to teach simple facts about his condition and homely ways of making him comfortable.

Naturally the material in this pamphlet, concerned as it is with the *disabled veteran only*, will not apply to the millions of servicemen who will return to their communities in good health and with sound emotional outlook. But much of the information you have about them *will* apply to those who are disabled, for you will want to remember that those who have been wounded or injured in service retain the same basic assets of character, personality, and intelligence which they brought to the Army or Navy originally. Many of them, in addition, will be able to pursue the same or related occupations and exercise the same talents which they employed in civilian life.

Many disabled veterans will require specialized services other than yours. Medical and psychiatric care, skilled vocational counseling, retraining for new occupations, and recreational facilities are only a few of the provisions which may be required for them. In dealing with the individual veteran, it is important for you to recognize his need for these further services and to be familiar with those which are avail-

able to him. In the main, however, his successful adjustment will largely depend upon such simple things as how his family treats him, how his employer welcomes him, and the small physical comforts which an informed and educated community provides for him. You, the Home Service worker, often can and will play a major role in shaping these factors.

Acknowledgments

A NUMBER OF ORGANIZATIONS AND INDIVIDUALS have given a good deal of time and thought to making this pamphlet possible. The information which it contains has been gathered from the files, publications, and experiences of specialists in a dozen or more fields. Advice has been sought and generously given. The American Red Cross acknowledges its indebtedness and takes this opportunity to express its thanks to everyone who has contributed facts or opinion; in particular, to the Surgeon General's Office of the Army; the Bureau of Medicine and Surgery of the Navy; U. S. General Hospital, Valley Forge, Pennsylvania; the Division of Rehabilitation of the Veterans Administration; the Office of Education of the Federal Security Agency; the National Tuberculosis Association; the American Society for the Hard of Hearing; the New York League for the Hard of Hearing; the New York Association for the Blind; Dr. George S. Stevenson, Medical Director, National Committee for Mental Hygiene; Dr. Luther Woodward, Field Consultant of the Division of Rehabilitation, the National Committee for Mental Hygiene; Miss Ruth Robinson, Occupational Therapist, Second Service Command, Army Service Forces; Dr. Morton Kahn, Associate Professor of Public Health and Preventive Medicine at Cornell University Medical College; the Institute for the Crippled and Disabled in New York City.

CHAPTER I

The Positive Side

SO MUCH HAS BEEN SAID about the "problems" of the returning veteran and so much stress has been placed in particular upon the difficulties which disabled men will have to face that it is wise to consider first what positive assets and advantages the veteran begins with.

Military service is too often considered as nothing more than a necessary evil, an unwelcome interruption of normal living, and an unpleasant exposure to serious hazards. Many servicemen, however, will find that their experiences in the Army, Navy, Coast Guard, or Marine Corps have given them much that will benefit them in later years. Often they and their families will not recognize these gains; sometimes your appreciation of them will help to ease bitterness and establish self-confidence.

In your work with veterans, you will doubtless come across young men who have a new maturity, born of grim acquaintance with reality. Their values will be sound; their respect for other people will be heightened. You will meet once-shy men who now realize that they can, on brief notice, adapt themselves to the interests and customs of almost any widely assorted group of men. They will have learned to make friends and to enjoy easy companionship. Their former close relationship with the men in their units will have taught them that they like most people and most people like them.

Some of the men you meet may have held positions of little responsibility in civilian life before the war; some of them will have been too young for any business experience and will, before the war, have been the younger brother or sheltered son whose opinions were rarely consulted and whose decisions were invariably questioned. Yet these same men may have enjoyed some authority in military life. As commissioned or noncommissioned officers, many of them will have discovered that they have marked leadership ability. They will have made vital decisions for themselves and for others. They will have successfully executed difficult and dangerous jobs. They will have demonstrated cool courage and quick thinking in one or more crises. They will know—but perhaps only if you point it out to them—that they can take care of themselves.

The Army and Navy have uncovered a good many latent talents and developed many new and useful skills among their personnel. Although

many military techniques are not easily adaptable to civilian trades, you will meet men whose assignments in the service have fitted them for interesting and productive civilian jobs. Radio technicians, pharmacist's mates, meteorologists, air force ground crew men, men who served with the engineers, shipfitters, photographers, and dental technicians are only a few of the military classifications which may have either fitted a man for a new occupation or revealed his talents for an interest in a new field.

As citizens, most servicemen will return with a greater interest in public affairs and a keener understanding of their personal dependence upon and responsibility for sound civic, national, and international practices. Those who have seen foreign service will have come to know and to appreciate other peoples. Even those who remained in this country will have met men from so many different backgrounds and cultures that their point of view must almost necessarily have been broadened and deepened by their military service.

Even the hardships which many of them will have endured may have served some useful purpose in that they will have taught a great many men a new appreciation for the simple comforts of everyday living and will have heightened their affection for their families and their friends.

Few disabled veterans will thank you if you minimize their legitimate complaints by offering the above assets as a fair exchange. It is not suggested that you comfort a man for the loss of a leg by telling him that at least he has a wider interest in public affairs. But in the course of conversation, you will often find it possible to call these gains to his attention without taking the position that they are full payment for the service he has rendered.

If, for example, you are discussing employment possibilities you may want to ask whether this man's training as a mail clerk or cook or mechanic has given him any desire to continue in that occupation. When you see a man wearing a decoration you may want to tuck a casual phrase into the conversation such as, "Judging by that ribbon, sergeant, I'd say you have all the courage it takes to lick this situation." To a man with the rank of officer or noncommissioned officer it might sometimes be helpful to say something like this: "You've had the responsibility for more people's lives than your own in the past. You made the right decisions then, I think you'll be able to do it again for yourself."

To the man who is worrying about some small social amenity which his disability prevents him from following, it should be quite natural to say, "Surely you've learned in the places you've been and the things you've seen that it isn't very important for you to be able to stand up when a lady enters the room." Or perhaps, "You've had an opportunity to learn while you were in the service that a lot of things we used to

consider important really don't matter a bit. While you've been away we civilians have learned too. You can count on us not to be unreasonable about trifles."

To the veteran's family, you may wish to be even more direct in your appreciation of his new equipment for life. Few mothers will resent your telling them that their son has become a man with sound judgment and ideas of his own. Wives will want to know that he may take a more active interest in politics or community affairs and that he may expect them to match his information. Wise employers will be interested to hear that he has demonstrated marked executive ability and a capacity for getting along with all kinds of people.

While they are becoming accustomed to their veteran's disability, so many families will tend to focus all their attention on the things he is no longer able to do that you may be able to relieve some of the strain by stressing the things he still can do and the admirable qualities which he has newly revealed. Particularly in the case of Home Service workers in small communities where the veteran was known to the worker in the past, it should be easy to find new traits worthy of respect. Even when he is a total stranger, however, the Home Service worker who looks for some quality or experience on which the man and his family can pin their hope will usually find it.

CHAPTER II

Even If He Weren't Wounded

A NEW DISABILITY—even a minor handicap—will seem much more significant than it really is during the early months when the veteran and his family are first learning to cope with it. It is only natural that his injury, which looms so large in their minds, will appear to be the sole cause of all the small irritations and disappointments which must inevitably occur while he is becoming accustomed to civilian life.

If Tom is restless and doesn't welcome visitors, his mother may leap to the conclusion that he is too conscious of his limp to feel comfortable with people about. If John puts off looking for a job although the doctors tell him he is well enough to work, his wife may decide that he is afraid to expose his scarred face to the scrutiny of possible employers. If Paul is irritable with his children, the neighbors may conclude that deafness makes a man short-tempered. If Charles deserts his old haunts and spends his evenings at the legion clubhouse, his friends may suspect that his prosthetic arm is the barrier which keeps him from them.

Actually, all these reactions and many similar ones are not unusual among servicemen who return in top physical condition. Disabilities *will* play a part in making the return to civilian life more difficult for some veterans—but by no means do they account for every incident which mars the perfection of the first few weeks at home.

Knowing this can be a real advantage to you and, through you, to the families with whom you work. For while disabilities may be permanent, these typical reactions of a man whose life has suddenly been turned upside down are only the temporary results of change. Tom's mother will be a good deal happier if she realizes that his restlessness is the natural result of exchanging the tense expectancy of army life for the quiet routine of a small town. John's wife will worry less about his lack of interest in jobs if she knows that many veterans—regardless of their physical condition—feel the need of a few months with no responsibility before they start work again. Paul's family will be less concerned if they recognize that his children are still strangers to him; that when he is more accustomed to them and they are more natural with him, his irritation will vanish.

It is important for you and for the families of disabled veterans to understand that life in the service during wartime makes an impact upon any man's personality, and that if he sometimes behaves myster-

iously while he is unlearning army ways it need not be assumed that he will continue to do so after the first strangeness has worn off.

There is little in the life of the armed forces that is similar to normal civilian living. The strict discipline, the physical exertion, the complete lack of privacy, the tedious waiting, the rigid levels of rank, and the sudden absence of economic pressure are all something of a shock to the new soldier or sailor. After a while he adapts his own personality and habits to them and becomes a military man. But with demobilization, the process begins in reverse. Suddenly he is no longer one of a large group whose activities are prescribed for them. There are no insignia of rank or area ribbons to give him immediate insight into the standing and experience of the civilians among whom he lives. His food and lodging and clothing will no longer come automatically, but must be obtained by his own initiative and in a manner which he alone must decide. His family and his old friends have lived in a different world while he has been in the service. Some of the terms he uses are incomprehensible to them; some of the things they worry about seem utter nonsense to him.

Again he must adapt his personality and habits, and it is not surprising if this adjustment, too, comes a little slowly at first. It may be further delayed by the rose-colored glasses through which he has seen his home during the months when he was away. Home will have taken on the qualities of paradise. He will have remembered it as quiet when he wanted peace; lively when he longed for company. It will have been the place where only his favorite foods were served and only his favorite people congregated. The real thing—after months of uncritical memory—is likely to be something of a letdown. The days when he yearns for quiet are apt to coincide with his mother's weekly bridge club. His kid sister will still play the radio while he's trying to sleep; his mother will still expect to choose his clothes.

While he was away, his family, too, will have indulged in unrealistic dreams about him. They will have forgotten his red-headed temper or his maddening habit of turning up two hours late for dinner. They may not remember that his evenings were almost entirely given over to "the crowd" rather than spent in the bosom of his family.

Face to face with each other's imperfections, he and his family will need a little patience and a lot of humor to tide them over the first few months. If they are able to dissociate these things from the tragedy of his disability and to see them in their proper perspective they will find them much less disturbing.

CHAPTER III

Before He Comes Home

SOMETIMES THE RED CROSS WORKER in a military hospital will notify you in advance that one of the patients is to be discharged from service soon and will be returning to your community. On other occasions you will be primed for the arrival of a disabled veteran by his own family who may come to you for advice before he returns or before they visit him in the hospital.

The advantages of beginning your work before the veteran comes home are numerous and obvious. To illustrate, let's take the case of Ed Jones. Ed was badly burned when some gasoline drums exploded. His family is aware that his injuries were serious but beyond that they know nothing.

The Red Cross hospital worker notifies you that he is eligible for a furlough, but that the hospital would like to know first whether a visit home would be desirable. She explains that the right side of his face is being rebuilt by plastic surgery and that he has lost the hearing in his right ear. You are told further that Ed is a sensitive boy, and that although he is progressing well physically, he is considerably disturbed about his appearance and seems reluctant to leave the hospital.

His family has, of course, been notified of the extent of his injuries, but no one in the hospital can judge how they have taken the news. It becomes your job to find out whether they can face the situation calmly enough to receive Ed without painful scenes.

Armed with this information, you go to visit Ed's mother. Mrs. Jones turns out to be a comfortable, motherly woman who has been completely bewildered by the coldness of Ed's recent letters. Knowing about his injuries, but not knowing their effect upon him, she has imagined horrors much worse than the reality.

You are able to tell her the facts and to assure her, in addition, that Ed's appearance will be greatly improved with time and further operations. In the meantime, much depends upon her ability to treat him as she always has—without revulsion for his scars, without excessive pity. Ed is not and will not be an invalid. His burns will not prevent him from taking care of himself and if Mrs. Jones tends to fuss over him too much it will only accentuate her awareness of his injury.

Certainly he will expect her to notice his wounds and to regret them. But if she concentrates on her joy in having him home and if she is

careful not to look shocked when she sees him, both he and she will soon find themselves behaving naturally.

You will want to tell her, too, not to shout to make up for his deafened ear, but to keep him comfortable in conversation by facing him directly or sitting at his left so that he can hear more readily. If he has a favorite chair in the family living room, perhaps the furniture can be rearranged so that others in the room will be grouped on his left rather than his right. It may be helpful, too, to change his place at the dinner table so that he can participate in the conversation freely.

Since Mrs. Jones is obviously a very social woman, it will probably be wise to advise her not to arrange any parties to celebrate Ed's return. Remind her that he is acutely conscious of his appearance and that it may take him a while before he is ready to face large groups. It will not be surprising if he is more reluctant to see his family and old friends than he is to meet strangers. Most of all he is afraid that he will appear tragically disfigured in the eyes of the people who care for him. Complete strangers would be less emotional and better able to accept him as he is.

Finally, you will be able to reassure her about his letters. Ed hasn't lost his affection for his family, but he *has* been suffering from strain. Just as she has been imagining wounds much more terrible than the fact, so he, too, has been brooding over her possible reactions to his injury. He may even have considered staying away from home in order to spare her what he thinks will be the ordeal of seeing him.

Mrs. Jones is a mature person who seems able to accept the advice you have given her, but you will want to question her about the other members of the family as well. If she can assure you that they, too, will be able to receive Ed naturally and warmly you may wish to recommend to the hospital that Ed be sent home for a brief furlough. If, on the other hand, Mrs. Jones had behaved hysterically and given evidence that she or other members of the family might confirm Ed's worst suspicions about his appearance, you would be doing him a great service by asking the hospital to postpone his return for a while. It also might be possible to arrange for a close relative or friend to visit the hospital if this would be helpful in the patient's adjustment.

Ed Jones is only one example of the many ways in which Home Service workers can ease the homecoming of disabled veterans and, in some cases, perhaps even head off disaster. By tracing the steps which helped him, you will have a pattern to follow in dealing with other families.

First, give them the facts. Second, discuss their feelings about his injury and the effect their reactions will probably have on him. Third, tell them what the hospital has already accomplished and show them how they can help foster his feeling of independence. Fourth, remember

that he will know what he will and will not be able to do, so that they neither overprotect him nor demand too much of him. Fifth, be specific about things they can do or say which will make him more comfortable at home. Sixth, try to appraise for the benefit of the hospital workers the advantages or disadvantages of a visit home at this time. Seventh, consider the possibility of having a relative or close friend visit the hospital.

CHAPTER IV

What the Hospital Has Accomplished

BY AND LARGE, an army or navy hospital is a surprisingly cheerful place. Bustling with activity, it offers its patients a bewildering variety of diversions—from movies to coke bars, from books and magazines to ping-pong tournaments and billiards.

During his months in the hospital the convalescent patient has been busy every minute. The threefold program of physical reconditioning, educational reconditioning, and occupational therapy has demanded his constant attention and has offered him a balanced diet of physical and mental stimulation.

Contrary to previous practice, physical conditioning begins as soon as the acute stages of illness or wound healing has passed. Bed exercises begin early, so that the uninjured parts of the patient's body will not suffer from inactivity. And the bed patient has more educational activities and occupational therapy than those who are up and about.

During his stay in the hospital, the patient may have taken college courses. He will almost certainly have gone to parties and been entertained by top-flight stars. Regardless of his disability, he will have participated in some kind of athletics and learned a fascinating—if minor—new skill or two. Although the primary purpose of occupational therapy is to exercise certain specific muscles, it is not confined to meaningless motions but rather is carefully planned to accomplish its purpose in the most interesting possible manner. As a result, he may have learned how to operate a printing press; to work with plastics, clay, wood, or metals; to paint or weave; or to take a radio apart.

While he was in the hospital, he had little opportunity to be lonely. His fellow patients, the nurses, Red Cross recreation workers, Gray Ladies, and visitors were always around him ready for conversation. The Red Cross case worker was available if he had personal problems to discuss. Most important of all, he had no need to be self-conscious about his injuries because in the hospital they were the norm. Everybody around him accepted his wounds as a matter of course and saw no reason to treat him differently because of them.

This is a far cry from the average family's mental picture of life in a military hospital. Yet it is important for you to help them understand the reality, since it may well affect his behavior after his medical discharge.

For all the fact that he may have spent months thinking about nothing but home, it is still possible that home, when he gets there, will be a letdown. He may miss the organized recreation and the many demands on his time and attention. He will certainly have more of an opportunity to brood about himself and his troubles. Having been one of many injured men—and perhaps less handicapped than most—he will suddenly be surrounded by perfectly healthy people to whom his disability is frightening and abnormal.

If this quick change manifests itself in irritability or in depression, it will help both him and his family if you explain the reasons for it.

You will want to tell his family, too, that one of the hospital's major goals has been to encourage every patient to be as close to independence as his physical condition permits. He will have received good care and skillful medical treatment during his stay in the hospital but in no sense of the word will he have been pampered. Modern medical science has accomplished miracles in reducing the handicaps which result from disabilities. Prosthetic devices have made it possible for men with one or both hands missing to cut their own food, tie their own ties, and operate complicated machinery. Men with one or both legs missing can swim, dance, and walk with no assistance. True, it is not always easy and he may fumble at first. But his confidence will increase immeasurably as he is able to do more and more things for himself. Families must school themselves to remember this. It is far better to wait a few moments while he is opening the door himself than it is to rush to his assistance, thereby giving the impression that you "have to take care of him." If he can't negotiate the stairs with ease, it is better to offer him a helping arm "just until he gets used to them," than it is to move his room downstairs on the assumption that he will never learn to climb stairs.

The confidence and self-respect which the hospital and his own courage have given him can be destroyed in a single moment by the thoughtless or illinformed mother who tells him to "just sit there and rest while I get your pipe for you," or the wife who says "how can they expect you to work with only one leg?" Naturally, some allowances will have to be made for his disability, but the family which encourages him to try new things is likely to see him accomplish them, while those who smother him with attention may reduce him to helpless dependence.

Hospital staffs place great stress on cleanliness and careful grooming. The injured man comes to realize that any untidiness about him will be noticed far more quickly than it is with other people. Well-pressed clothes, shined shoes, and a clean shave help him to feel trim as well as to look that way. No disabled man will be interested in conspicuous clothing, but he will benefit from a neat appearance and should be encouraged to maintain it.

Before he leaves the hospital, he will have learned how best to care for his health in the months to come. The army or navy doctors will have told him how much rest he needs and how much physical exertion he can stand. If his diet is limited, if he requires occasional medical attention, if he must follow a prescribed routine, all that will have been explained to him. Although some men may tend to tax themselves unduly in order to prove their self-sufficiency, the majority will know the importance of following the doctor's instructions and can be trusted to safeguard their own health. Wives and parents who realize this will be less apt to practice amateur medicine and to limit their sons' and husbands' activities in accordance with their own ideas. If they learn the necessary precautions from him, they can rest assured that they are following good practice. When, for one reason or another, they prefer not to question him about it, suggest that they see their family physician.

Although very few disabled men will be unable to work (New York's Institute for the Crippled and Disabled points out that 80 percent can work in an ordinary environment with some medical and vocational assistance; 17 percent need a protected work environment or specialized training, and only 3 percent are totally unable to work), a good many of them will need some time to get used to the idea of looking for a job and going back to work. A long period of hospitalization is commonly followed by a kind of apathy in which the patient prepares himself to begin the routine of regular living again. If the disabled man shows no interest in work for a few weeks or even a few months, there is no reason to be alarmed. In most cases he will get started himself when he is ready. Only if his disinterest continues over an extended period should any pressure be exerted—and in that case professional advice should be solicited from a doctor, psychiatrist, or psychiatric social worker.

CHAPTER V

The Visible Disabilities

Facing the Facts

OBVIOUSLY THERE WILL BE A DIFFERENCE between the attitude of the man whose injuries are a private problem which he must work out for himself, and that of the man who cannot hope to conceal his handicap, even from the casual passer-by.

Most people worry about the appearance they present and the impression they are making on the world around them. This commonplace self-consciousness is heightened many times in the man who knows that his injuries are conspicuous. Because he is so aware of them himself, he is apt to overemphasize their effect on other people. And, because not all civilians have learned to accept him without shock or surprise, he is sometimes forcibly reminded of his handicap, even when he has managed to put it out of his mind.

Although it is to be hoped that most people will learn courteous behavior in the presence of disabled men, it is probably necessary to assume that every noticeably injured veteran will be subjected to a certain number of painful experiences. People who whisper or stare or point, people who cannot resist asking personal questions, people who openly express pity, are a constant menace to his peace of mind and his self-respect.

You may be able to help the veteran who has been disturbed by some such incident, if you remind him of what lies behind it. Some people stare because they are genuinely regretful that he has had to pay such a heavy price in the service of their country. Others will be thinking of their own relatives in the service and, because he is a reminder of their own sons or husbands or brothers, they will ask questions they would not ordinarily put to strangers. Still others are following their usual custom of paying marked attention to anything which looks different—the same kind of attention they might give to a man whose skin was a different color from their own, an unusually tall man, even a remarkably handsome man. In this case it is a simple question of bad manners, and he should learn to treat it with the same detachment he reserves for people who push in a crowd.

He will probably find open pity the hardest reaction to take, for it is a reflection on his ability to take care of himself. Here it might be helpful to remind him that few people are aware of the remarkable

training he has had and that these same people who weep over him would quickly change to admiration if they knew how self-sufficient he was.

Since he will probably have to answer some unwelcome questions, it might be well to offer him a few stock phrases calculated to discourage further prying. If he doesn't feel like going into details when people ask him "how it happened," he can usually make his attitude clear by saying, "I got this in combat," or "It was an accident"—and stopping there. If they ask him how he is managing to get along, it will probably be easiest for him to be casual about it, saying, "They fixed me up fine in the hospital. I don't have much trouble." or "It's not bad when you get used to it." That gives him a chance to express his independence and to ward off further condolences.

Psychologists make two points about visible injuries which may be useful to you in some instances. Most disabled men are especially concerned about the reactions of women. They often believe that the men of their acquaintance will be able to take their handicaps in stride, but that women must inevitably shrink from them. You can help remove this fear by contradicting it with your own behavior. If you yourself are perfectly matter-of-fact in your dealings with a conspicuously injured man, and if, when you think it necessary, you also warn his wife and mother how important it is for them to treat him naturally, he will have proof that he is not distasteful to feminine eyes. The truth of the matter is—and you will probably want to tell him this—that women have generally been found to be less disturbed than men in the presence of handicapped people.

It has been found, too, that a man's attitude toward his injuries is often governed in part by the circumstances under which he received them. The victims of accidents or of their own carelessness usually have greater difficulty in adjusting to their handicaps, since they are paying a heavy price for no useful purpose. On the other hand, the man who has suffered a serious wound in battle and especially the man who has been injured as a result of his own heroism has the satisfaction of knowing that his sacrifice served a vital cause. When you know how a veteran's wounds were incurred you may be able to present them to him in such a way that he will wear his scars proudly.

Amputations

Grave as they are, amputations no longer present the same problems as they did before modern science evolved the techniques and tools which are now available to disabled veterans. Even men who have suffered double amputations (and they are comparatively few) are able, with the help of the training they receive in the hospital, to lead

normal lives and care for themselves in a way which seems miraculous to the uninitiated.

Artificial legs often make it possible for an amputee to walk, dance, run, drive a car, and perform the routine tasks of daily living with surprising success. Naturally, it is unwise to subject him to abnormal strain in occupations which require a great deal of walking, but there is an almost unlimited range of sedentary trades and occupations in which his disability will handicap him only slightly, if at all.

Vocationally speaking, the loss of an arm is regarded more seriously, since people need their hands to care for themselves, to work, and to carry on most of their everyday activities. The most effective substitute for a hand is the hooked appliance issued in army and navy hospitals. With the aid of this prosthesis, men are taught to develop a dexterity which makes them much more independent than would otherwise be possible.

Those who have lost one arm quickly learn to use the other more cleverly. Classes in left-handed writing are provided in the hospital to transfer skill to the uninjured arm and hand. The men are taught also to write with the artificial arm. Practice cars are provided so that armless or one-armed men can be taught to drive an automobile safely. Hospital training includes days of painstaking practice in opening and closing doors, buttoning buttons, turning on a water faucet, using a light switch, tying shoelaces, using a knife and fork, opening envelopes, lighting a cigarette, and performing a variety of similar assignments which will fit the man for normal living.

For the man who has lost one or both arms, skill in accomplishing these tasks is dependent upon his use of the hooked appliance. Here is where the attitude of his family and the general public can be either helpful or damaging. If they look upon it with distaste or make him self-conscious when he wears it, he may revert to the artificial hand which looks more natural, but is not nearly so useful to him. The artificial hand is designed for dress occasions. If he wears it all the time in preference to the hooked appliance he will be limiting his activities unnecessarily.

Most men will have become so accustomed to the hooked appliance by the time they leave the hospital that they will wear it almost all the time. Others will use it at home and at work, but will prefer to change to the artificial hand when they are traveling to and from work or making a public appearance. Their own preferences should govern this decision, but they should be encouraged to use the working appliance whenever they will be inconvenienced without it.

As far as jobs are concerned, the man who has lost one or both arms has been found to be a valuable employee in a multitude of different fields. His hospital training will have taught him how to handle tools

and typewriters as well as household appliances, so that he will know he is able to cope with either clerical or industrial assignments. Jobs or professions which depend largely upon manual dexterity—for example, piano playing—are naturally out of the question, but the possibilities which remain are broad enough to offer a wide choice.

Help Can Be a Hindrance

One of the things the amputee worries most about is the possibility that everybody who sees him will feel sorry for him. Here is where his family can be especially helpful. It is important for them to realize that it is best for him to do as much as he can for himself. They will be wise to find out first all the things he has learned to do in the hospital and to let him handle those assignments himself, even if he seems painfully slow at times. When he appears to be in real difficulty, they might ask if he wants some help, but they should learn not to leap to his assistance every time he is awkward about managing alone. The mother or wife who cuts his food or opens the door for him is damaging his concept of himself as a useful human being. The more she does for him, the more dependent he may become and, correspondingly, the more unhappy.

In some instances, veterans have complained to Home Service workers that their families expect too much from them. It is usually painful for a man to confess to his family that this or that task is beyond his capabilities. He may find it less embarrassing if you suggest that he put it on the basis of time, explaining that he can't manage it quite yet but that in time he hopes to learn.

Another source of irritation is the family which insists on comparing the disabled man with "Joe Smith down the block who had exactly the same injuries." Such comparisons are almost never valid and almost always inadvisable. Each man will react differently depending upon his personality, his training, and the extent of his injuries.

Furloughs from or Visits to the Hospital

No amputee is discharged from the hospital until he has mastered the prosthetic appliances which are provided for him. It is very likely, however, that he will be allowed to go home on furlough or to be visited by his family well before he has acquired the skill which is required for discharge. As a result, his family must expect that when they first see him he will be more sensitive to his recent loss, more awkward in handling himself, and possibly more fearful of his future than he will be when his training is over.

One of the early and temporary physical symptoms which accompanies an amputation may throw his family into confusion if they are

not cautioned about it beforehand. The phenomenon known as "the phantom limb" sometimes causes the illusion of pain, discomfort, or even movement in the missing limb itself. Actually, this is caused by nerve endings which are still sending the same impressions to the brain, even though the arm or leg itself has been removed. If the patient complains of or describes these sensations, his family will be comforted to know that it is a perfectly normal occurrence.

It is helpful to know, too, that the loss of an arm as well as a leg is disturbing to the body's balance and affects the man's ability to walk and run. Any awkwardness which results from this is temporary in the main and should not be considered disturbing.

The amputee who is home on furlough may not be able to climb stairs with any confidence; he may require help in dressing himself; he may tire easily and often. This does not mean that he will always have these limitations any more than he should be considered to have reached the peak of his capability after he has been discharged. Time, practice, and growing confidence are all vital factors in his progress. He will continue to learn long after he has left the hospital provided that he is encouraged to do so.

Making Him Comfortable

Quite deliberately, hospital policy does not include short-cuts or special devices which will make routine activities easier for the amputee. Whenever it is possible for him to use the same implements and techniques as everybody else, he is encouraged to do so rather than to depend upon special devices which will set him apart. It is possible, for example, to secure a combination knife and fork which is designed for eating with one hand. Hospital authorities say that there is no harm in such a device but that the amputee will be less conspicuous if he uses (with the aid of his hooked appliance) the same kind of knife and fork which everybody else at the table is using. Some cigarette lighters can be operated easily with one hand, but he will have become so accustomed to lighting matches in the hospital that he will not need to be dependent even upon this mechanical device.

On some occasions, his family may wish to make everything as easy for him as possible. For example, if the man who has lost an arm is attending his first dinner party and seems somewhat apprehensive about it, the hostess may wish to put him at his ease by serving easily manageable food (such as meat loaf and asparagus rather than steak and peas), but for the most part he will neither need nor benefit from such caution, since his training in the hospital will have accustomed him to living under the same conditions as everybody else.

Occupational therapists mention that buttoning buttons is sometimes a particularly slow process for the armless man. One trick which will

get him off to work faster is practised by C. C. McGonegal, armless veteran of World War I. The buttons of his vest are only for appearance. Underneath them he has fastened hooks and eyes which he is able to manipulate much more rapidly. Since this device does not work easily with the heavy buttons on an overcoat, one therapist has suggested that longer threads on these buttons would make them easier to manage.

Care of His Health and Artificial Appliances

The veteran will have been taught in the hospital how to care for his own health and for his prosthesis. After discharge from the service, if he suffers pain or discomfort he should report to the nearest veterans' hospital for treatment or for adjustment or replacement of his prosthesis. This service is, of course, free and he should not hesitate to take advantage of it.

Facial Injuries

Facial injuries in themselves rarely limit a man's activities by reducing his productive capacity. When they are accompanied by other disabilities, they are an additional stumbling block on the road to readjustment. But taken alone or in combination, they may become a barrier in the mind of the man who has suffered them; and in that case they will bar his participation in the world around him just as surely as if he were physically unfit.

The majority of veterans who have incurred this type of injury will find that plastic surgery is the answer to their problem. Even in serious cases, surgeons, working from photographs, can often restore a man's original appearance within so narrow a margin that no one would ever suspect the extent of his wounds. In other cases, the slight change in the man's expression will be apparent only to his intimates and they will forget it as soon as they have become accustomed to it.

But even the most modern techniques and the most skillful surgeons cannot always destroy the evidence of grave facial wounds. Some men will be permanently scarred; some, depending upon the nature of their injuries, will be subjected to a certain amount of lasting physical discomfort. For them the only answers are courage and a sense of proportion. They and their families and the people who pass them on the street must learn to accept the fact of their disfigurement and to place it in its proper perspective. It is a misfortune in the sense that they will never *look* as attractive as they did before; but as individuals they will still be as attractive as they were before.

Each of these men may need to be reminded that the people who loved him or liked him or disliked him in the past will not have based their opinions on the shape of his nose or the cut of his hair; nor are

they likely to change their opinions on those grounds. But he will be better reminded in actions than in words. If his friends are self-conscious in his presence, no amount of talk will persuade him that his injuries are not disturbing. If his mother banishes all mirrors from the house or goes to other elaborate lengths to avoid all reminder of his scars, she will be indirectly telling him that his appearance is a painful subject. Only natural, healthy behavior will convince him that he is still the same person with the same social status he used to enjoy.

If he is reluctant to appear in public, his friends and family might just as well recognize the reasons for his withdrawal. They will be better off if they cheerfully agree with his own statement that he is ugly—and then repeat their invitations—than if they skirt the subject delicately, confessing neither to him nor themselves that he is up against a tough situation. His scars must be a part of his life from now on. They should be recognized as such—and then dismissed from consideration.

The Months Behind Him

The veteran who has undergone plastic surgery will usually have experienced long hospitalization. Frequently he will have required several operations with long intervals between them. During these waiting periods he may have been eligible for a furlough. If he declined the opportunity, he was not behaving abnormally.

A good many of these men prefer not to see their families until the major surgical work is behind them. Each operation brings so much improvement that it often seems desirable to the men to wait until they are discharged or near discharge before they face their families. This does not necessarily mean that they restrict themselves to the hospital grounds. Some men make a practice of going into the town nearest the hospital, even though they will not go home. Their reasoning is not hard to understand. They are not afraid to face strangers, but they are concerned about presenting themselves to the people who care most about them while they are still in a transitional stage. They themselves are aware of the improvements to come, since every step of the surgery is explained to them in advance. Their families, having less information, might be unduly alarmed if exposed to injuries which will later be much less conspicuous.

Naturally there is no standard pattern of behavior which is followed by all the patients. Some of them, confident that their families will be able to visualize the progress to come, are eager to take advantage of every opportunity to go home or to receive visitors. Each man's decision will be governed by his own personality and his knowledge of his family's probable reactions.

These individual variations may bring you many questions from the families of veterans. It will be up to you to explain to young Mrs.

Green that her Fred is not showing lack of confidence in her when he refuses to permit her to visit him. It is much more likely that he wants to protect her, and his satisfaction in sparing her what he considers unnecessary pain outweighs even the pleasure of seeing her. Fred's father, on the other hand, may interpret his son's behavior quite differently. He may tell you that the only possible reason why Fred will not see visitors is that his injuries must be much more serious than is indicated in the hospital report. He may be considerably relieved if you explain that plastic surgery is a slow process, that it is probably not the gravity of Fred's wounds, but rather their *temporary* character which makes him reluctant to have his family see them. To Fred's mother, the situation will quite possibly take on a third aspect. Supposing that Fred has written her that he and a group of other men from the hospital frequently go into town for an evening—and supposing further that she has a friend whose son had injuries "just like Fred's" but who came home on a furlough soon after his first operation—she may conclude that Fred has lost interest in his family and prefers his new-found hospital friends. By writing to the Red Cross field director at the hospital, you can get her help in understanding Fred's situation.

The families of the men who do come home on furlough may need your help as well. Through the Red Cross hospital worker you can get an indication of the degree of eventual success which may be expected of surgery in each man's case. Your reassurance about the future will help some families to take the present in stride. And your advice about natural behavior may make the visit pleasanter for every one.

A good many of the requests you get from hospitals about the advisability of a visit home will refer to patients with facial injuries. Since the man's own attitude toward his appearance is so decisive a factor in his future happiness, and since he, in turn, can be strongly influenced by the way in which his family receives him, you will want to have ample evidence and to give the situation careful thought before making a recommendation either way.

For families who intend to visit the veteran in the hospital, a brief talk with the Red Cross hospital worker can be invaluable preparation. You will certainly want to suggest this if you know of their visit beforehand, and let the hospital worker know they are coming.

The Months Ahead

The results of plastic surgery are by no means final when the last operation is over and the veteran has been discharged. Time can make a material difference in the patient's physical appearance and in the attitude of others toward it. As the months go by and the new

skin on his face has been used for smiling, for frowning, and for a multitude of fleeting expressions, it will come to look less taut and more natural. Scars which were pink at first will lose their distinctive coloring; white scars will tend to blend with his complexion.

In many cases, the chief bar to forgetting his injuries comes not because he looks unattractive but just because he looks *different.* After a while this will be less and less evident and his new appearance will become such a part of him that it will seem more natural than the way he used to look.

For the men who want to use them, certain cosmetic aids are available. Scars can be covered with special preparations; a slight discrepancy in skin tone and coloring can be made unnoticeable. There are even prosthetic devices which can be worn to replace a missing ear lobe, for example. For the most part, however, hospital authorities report that the men usually prefer to do without these aids. They have faced their injuries, accepted their disadvantages, and are prepared to go on from there.

Vocational and Social Opportunities

Since the veteran with facial injuries and no other disability is not physically incapacitated, the limitations on his social and professional life are largely of his own making. He can do everything or nothing—depending upon how he feels about it and how other people make him feel.

If he is sensitive about his appearance, he will probably not wish to choose an occupation which involves meeting a great many strangers every day. But if he is not an entertainer or a photographer's model, the chances are that his face is not his fortune and there are many fields of work in which his wounds will be a totally irrelevant factor.

As far as his social life is concerned, he may have grave misgivings—and frequent provocation for them. Unless he is exceptionally unself-conscious it will take all the courage he has to overcome his first diffidence. But as time goes on and he has proved to his own satisfaction that his friends still enjoy his company, he will become less and less preoccupied with the visible evidence of his military service. The affection and pride with which his community receives him can go a long way toward healing his confidence. Once that is accomplished, his physical wounds will matter much less.

Loss of Hearing

Strictly speaking, deafness is not a visable handicap. Nonetheless it is sufficiently apparent to be classed with other disabilities which leap

to the eye at once. Like them, it presents a social and psychological problem as well as a physical one.

Because it threatens to cut off communication with other people, loss of hearing can be a serious shock to the man who must face it for the first time. Suddenly he begins to understand the importance of conversation. He remembers how much of his life has been spent in talk and laughter. He is afraid of the silence which surrounds him, and he sees it as a wall between him and the world; a barrier which puts him forever on the outside looking in at the fun.

Many of these first fears are put aside in the hospital, where he is introduced to devices which can substitute for his ears and to people who have faced the same handicap and lived a full life in spite of it. But after he is discharged from the hospital, his experience in the world of civilians may revive his early misgivings. For in addition to his handicap, he is up against a host of popular misconceptions which often prompt people with normal hearing to hinder him rather than help him.

One of the peculiar drawbacks of imperfect hearing is the relative lack of consideration which it elicits from other people. The prevalence of jokes about deaf people and the impatience with which the average person regards this handicap both reveal that the public has yet to learn how serious a problem it can be. More important than occasional rudeness is the lack of information and the abundance of misinformation which often makes casual conversation much more difficult for the hard of hearing than it has any need to be.

Home Service workers can perform a valuable service by learning and passing on a few basic facts which can deepen public understanding of this handicap and thus relieve the tensions which grow out of too little knowledge.

To Make Up for a Hearing Loss

The term "aural handicap" takes in a great many variations ranging from a slight impairment to a total loss of hearing. *Types* of hearing loss vary almost as widely as degrees, with each classification producing different effects and requiring different methods of assistance. As a result, it is useless to generalize about what will and will not be helpful to a specific man whose hearing has been impaired. In the main, however, the two major reliances are mechanical aids and lip reading.

The mechanical hearing aid is a device which magnifies sound to the point where it becomes distinguishable. Obviously it offers almost miraculous possibilities to the man who retains some residual hearing—and he will be in a substantial majority. Even for men who are almost totally deafened the hearing aid offers some promise, for they can sometimes use it to determine the direction from which sound is

coming and to supplement their lip reading. For the totally deafened, however, the hearing aid offers no practical solution.

All veterans who have been treated in army or navy hospitals for the deafened and hard of hearing will be fitted with hearing aids if they are able to use them. The Veterans Administration offers the same service to other aurally handicapped veterans whose hearing loss was occasioned or aggravated by military service but did not become evident until after discharge.

Skilled examinations are required to determine precisely what type of hearing aid is best suited to the individual veteran. Different models operate on different principles and vary widely in their usefulness to different people. The Army and Navy will have exercised great care in selecting the particular hearing aid best suited to each patient. The fact that a friend or relative has been happier with another type of hearing aid does not mean that the hard of hearing veteran will obtain the same results if he switches to that model.

Magical as they seem to be, hearing aids are not always a cure-all, even for the man who can use one. Some men will find it tiring to wear one all the time. Others will find that they cannot use it in unusually noisy places, since it may then tend to produce only a confused roar of sound. Not being as selective as the human ear, a hearing aid magnifies all sounds indiscriminately. It might, for example, pick up the noise of a passing streetcar and drown out all other sounds, although people with normal hearing will find it easy to follow voices over the drone of the same streetcar.

For these reasons and others, every aurally handicapped veteran should learn to read lips. If he cannot wear a hearing aid, lip reading will be his chief reliance for communication with other people.

Contrary to the expectations of people who have never tried it, lip reading is a difficult art to master. It requires serious effort, constant practice, and a certain amount of cooperation from the rest of the world. The hard of hearing or deafened veteran whose handicap becomes evident before his discharge will have been introduced to lip reading in an army or navy hospital. He will have acquired a fine groundwork in group classes and individual instruction. He may, however, need further instruction before he becomes really proficient. If he does, you can find the nearest lip reading instructor by writing to the Veterans Administration, Washington 25, D. C., or to the American Society for the Hard of Hearing, 1537 35th St., N.W., Washington 7, D.C. This organization has 118 local chapters, all of which are prepared to offer service to aurally handicapped veterans.

Professional help in voice control and speech may also be necessary and it, too, can be secured through the same sources. The man who cannot hear his own voice frequently finds it difficult to judge whether

he is speaking lower or louder than is desirable. In addition, he may tend to acquire a monotonous or singsong way of speaking which is unattractive to his listeners. Military hospitals guard against this by providing speech correctionists and voice trainers, but additional help may be advisable if, after his return, the veteran is having difficulty in retaining clear diction and keeping an expressive voice.

Minor Aids for the Hard of Hearing

The families of hard-of-hearing veterans will probably be grateful to learn that there are a few ingenious ways to combat some of the minor inconveniences which accompany an aural handicap. It is a nuisance, for example, to be unable to hear the doorbell or not to know that the telephone is ringing. Any skilled electrician can rig up a system whereby different colored lights operate along with the sound so that the veteran can *see* if not hear what is happening.

If hearing over the telephone is difficult (and it may not always be so, for some hard-of-hearing people can hear better over the telephone than in any other conversation), the telephone company will install an amplifier for a slight service charge.

The radio, too, is a variable, since some men will hear it easily and others not at all. For those who can use them with benefit, earphones can be attached to the instrument without impairing its usefulness to the rest of the family.

Even alarm clocks are not an insurmountable problem, since a few special types have been designed especially for the hard of hearing. These are not readily available at this moment, but may be expected to be produced in quantity when scarcities are a thing of the past.

For the benefit of the hard of hearing, many churches, theaters, auditoriums, and other public meeting places are equipped with wiring which provides earphones at certain seats. This practice will doubtless become much more prevalent in the future, but even in communities where it is rare, the few buildings which are equipped in this way will start the veteran off with the assurance that he will be able to take advantage of some—if not all—public entertainments.

When You Talk to Him

It is perfectly true that some people who do not hear well are better able to understand you if you raise your voice. But the prevalent practice of shouting at the man who is hard of hearing is both embarrassing and annoying. If he wears a hearing aid, it is adjusted to magnify normal speaking tones and will transform a shout into meaningless noise. If he reads lips, the volume of your voice is irrelevant and a loud tone will only serve to call attention to his handicap.

Instead of raising your voice, you will be much more helpful to him if you remember the limitations of his two sources of assistance and adjust yourself to them. If you speak distinctly and not too quickly, his hearing aid will operate more efficiently. If you remember that he is watching your lips, you will be careful not to obscure them by turning your head away or resting your chin in your hand.

Lip reading is useless in the dark and extremely difficult in shadows. Make sure that there is plenty of light in the room and that it is shining on *your* face. Don't seat him facing the window, where the glare will distract his attention and the shadow will fall on you. Since he does some (if not all) of his hearing with his eyes, you will not wish to distract him with too many gestures. If you sit quietly, it will be easier for him to concentrate.

There is no need for you to make a conscious effort to shape your words as you speak. He has been trained to read lips as they move in normal conversation and exaggeration of these movements will make it more, rather than less, difficult for him. If your customary conversation is rapid, slow down a little, but not to such a degree that you appear to be making an unusual effort.

If you think a little bit about lip reading, you will realize that there are a great many words which *look* exactly alike on your lips although they sound different. For example, "my," "pie," and "buy" require identical lip movements; "home" and "hope" look exactly the same as you say them. In addition, some words (like "city" for example) are spoken with no perceptible movement of the lips.

This is not an insurmountable obstacle for the lip reader, for he has been trained not to read every word, but rather to catch the meaning of sentences as a whole. It does, however, provide a clue for the person whose lips are being read. If you realize that the lip reader is missing certain words, don't repeat them—he will probably not understand them any better the second or third time. Instead, substitute another word or switch your sentence around. Instead of repeating that "Mrs. Jones is the best lip reading teacher in the city," say, "Mrs. Jones has been teaching people to read lips for many years. Some people think she's the best teacher in town."

If his family is eager to take active steps to help him, you might suggest that they learn the basic principles of lip reading. If they are familiar with the "hard" words and the "easy" ones, they can make conversation at home a relatively effortless pleasure. They can help the lip reader, too, by remembering not to speak to him when they are out of his visual range. If they are careful not to call to him from an adjacent room and to face him when they speak to him, they can avoid unpleasant moments for him and for themselves.

Just as in the case of the blind man whose family overprotects him, it is possible to wound the self-esteem of the deafened by rushing too quickly to his defense. For the inexperienced lip reader, conversation with more than one person is an arduous task. If he has difficulty in following it, well-meaning friends and relatives are all too prone to banish him from the group completely by explaining that "he doesn't hear well" and doing all his talking for him. Instead, rephrase it for him and let him answer it himself. If a third person speaks to him and he is unaware of being addressed, touch him on the arm lightly and indicate who is speaking. He will appreciate your courtesy in letting him carry on himself from there.

Usually, the more you say the easier it will be for him to grasp your meaning. If he misses one word in a two- or three-word sentence, he has few clues to go on. But if you expand on your topic and add an additional sentence or two, he will be able to pick up the threads without having to ask you to repeat.

Don't be too concerned about his hearing every word. There is a good deal of unnecessary verbiage in most informal conversations and he will probably prefer to lose a word or two rather than have his handicap high lighted by frequent repetitions.

When it is really difficult to make yourself understood any other way, you can always take recourse to paper and pencil. This is a practice to be followed sparingly if at all, however, since he should be encouraged to take part in conversation and to recognize how much practice will improve his lip reading.

Mental Hazards

Occasionally—perhaps frequently—you will meet an aurally handicapped veteran who has been fitted with a hearing aid, who can benefit from using it, but who hesitates or refuses to wear it. Vanity plays an important part here, but so does the veteran's family.

Inoffensive looking as they are, hearing aids are not yet accepted as freely by the public as are, for example, eyeglasses—although the latter are actually more conspicuous. The wife or mother or sweetheart who expresses a repugnance toward a hearing aid may be condemning the man who needs one to a life of constant strain. It may be that he can—by intense concentration—follow a conversation without one. If he chooses to do so, he is denying himself the possibility of free and easy relations with his family and friends. There can be no relaxed give and take of casual talk for him, for he must sit with tensed muscles and alert mind, straining to keep up with others who are exerting no effort at all. Moreover, try as he may he will be missing words and sentences and inflections which he might catch with no difficulty if he were wearing a hearing aid.

Far from smoothing his relations with other people, his refusal to wear a hearing aid may, in the end, make friendship harder for him. By forcing other people to speak more loudly than is comfortable for them, by requiring frequent repetitions and rephrasing, he keeps his handicap in the foreground of everybody's consciousness and puts a premium on natural behavior.

It is unwise to argue with a man who resists a hearing aid. But if you see him several times over a period of weeks or months, try to find out why he is reluctant to wear it and take your cue from that. Encourage him to seek the company of other men who do wear hearing aids and to see for himself how much they are benefited by them. Following this principle, the New York League for the Hard of Hearing has established a "Veterans' Sounding Post" where aurally handicapped servicemen can get together for lip-reading instruction, speech-correction classes, and informal group discussions. Most important of all is the therapeutic effect they seem to have on each other. Experience at the Sounding Post proves that the sight of other hard-of-hearing men, all eagerly participating in a spirited discussion, is the most convincing possible argument to the man who must remain in the background because of his own unwillingness to meet them on their own level. After two or three visits, he usually returns with his own hearing aid, ready to join in the fun.

It is not uncommon for the man with an aural handicap to tend to withdraw from other people. Keenly conscious of his handicap, unwilling to "spoil the fun" by slowing down everybody else's conversation, he may be inclined to take refuge in solitary pursuits. His family must take the responsibility for persuading him out of this defeatist attitude. If they prove by their actions and attitudes that he is not "spoiling the fun," if they take every opportunity to draw him into the conversation and to let him do his own talking, if they scrupulously observe the courtesies which have been mentioned above, and if they are patient without appearing martyred, they can make him understand that he is still a welcome and much loved member of the group.

Some hard-of-hearing people are characterized by a suspicion of conversations which go on outside the range of their hearing. Frequently this attitude is provoked by side remarks which have the appearance of being deliberate. To turn your head away from a lip reader is as rude as using a foreign language in the presence of a man who doesn't understand it—and it carries with it the same implication.

Byproducts of an Aural Handicap

Because the use of a hearing aid and the effort to read lips are both fatiguing, the hard of hearing and the deafened often need more rest

than other people. Families who recognize this are less apt to overtax the strength of the newly returned veteran.

Tinnitus, or head noises, frequently accompanies a hearing impairment. This means that the man may occasionally be disturbed by nonexistent sounds, and he may even think that someone is calling him or speaking to him when that is not actually the case. This is at best an unpleasant experience and it becomes much more so if his family does not understand its origin and suspects that his mind has been affected. Doctors usually recommend activity to lessen the annoyance of head noises. If he goes into another room, starts to read a book, or busies himself with some household task he may be able to forget about them.

Hearing loss is not always constant. Atmospheric conditions, the state of his general health, how tired or relaxed he is, can all contribute to how well he hears on any given day. If he wears a hearing aid, the condition of the battery is another important factor. If his hearing appears to be deteriorating, it may only be caused by the fact that his battery is running down. Frequent rotation of several "A" batteries is said to prolong the life of each. It is advisable, therefore, to secure a number of "A" batteries at the same time.

Some hard-of-hearing people appear to hear more easily in unusually noisy places. Actually it is only the *relative* status of their hearing which is improving. It may be that everybody else is speaking louder than usual to compensate for the noise; it may be that the noise is less distracting to them than to people of normal hearing; it may be a combination of both. Other men with a hearing defect are acutely uncomfortable in noisy places since the nature of their particular handicap makes them unusually sensitive to loud sounds.

Where Can He Work?

All the above factors enter into his choice of occupation. Depending on his own condition, he may have to eliminate noisy places like machine shops; damp or dusty places; jobs which require climbing or balancing skills. If he depends primarily upon lip reading, he will want to avoid an occupation in which people frequently speak to him when his back is turned—this is especially characteristic of the sales clerk, the waiter, and the bartender, for example.

Experts in the Veterans Administration understand these limitations and can judge where they do and do not apply. They can help him to select a type of work best suited to his interests and his physical condition. The range of activities open to him is revealed by the numerous examples already known to the world. We all remember many famous statesmen, musicians, writers, and businessmen who

have been hard of hearing or totally deafened throughout their successful careers.

Can He Have Fun?

Depending upon the nature of his handicap and his skill in lip reading he may or may not be able to enjoy the movies, the theater, concerts, and public meetings. Even supposing that he cannot, most people's good times are found in intimate groups and these are still open to him. He can go to dances and parties (both are a popular feature at the Veterans' Sounding Post) and he can participate in sports to the same extent he used to. His hobbies, possibly barring the musical ones, will be unaffected by his handicap.

If he meets with understanding and courtesy from family, friends, and fellow workers, his social life can be a rich one, despite the challenge his handicap presents.

Blindness

Ultimately, every blinded veteran hopes to conduct himself in such a way that people will forget his handicap. This is not an easy goal for him to achieve. If he is to succeed, he will need two kinds of help from his friends, his family, and his community. The first is physical assistance—the small attentions which will help him over awkward moments. The second is less tangible but more important. It is the moral support which his friends can give or take away. It stems from the respect, the confidence, and the patience with which they regard his steady, however slow progress toward self-reliance.

He takes his first steps in this direction while he is still in the hospital. At first he is given a guide who shows him through the hospital corridors and helps him learn the location of the rooms he will be using. After a while he is able to find his way around the hospital grounds alone. Any notion he may have had that his blindness will condemn him to idleness is dispelled by the busy schedule which occupies his days in the hospital. He goes to classes in typing and in Braille; he reports to the hospital workshop where he learns an interesting craft. And at least some of his fears about the attitude of sighted people are relieved by the informal, friendly behavior of the hospital and Red Cross staff.

If he has served in the Army, he will go from the hospital to Old Farms Convalescent Hospital in Avon, Connecticut, where a four-month vocational training course indicates his aptitudes and starts him on the way to a career. At Avon he will have further experience in making his own way. He will visit the town and be visited by the townspeople. He will begin to develop the acute hearing and sensitive

fingertips which must replace his vision. He will be trained in what is known as "facial vision," the ability to perceive the presence and even estimate the size of objects by becoming aware of the vibrations around them.

For the sailor, coastguardsman, or marine, the average period of training is about four months. This is given in the U. S. Naval Hospital, Philadelphia, starting concurrently with medical and surgical treatment. This includes not only basic orientation, Braille, typing, and craft work but also general education, vocational training, and vocational try-outs in hospital shops and in actual industrial situations. Intensive training is also given in the sensory elements which is useful in orientation—the recognition of auditory cues, odors, air currents, and temperatures. Following this period he will spend two weeks at the New York Institute for the Education of the Blind. Here there is a systematic program of aptitude testing, experience, evaluation, and vocational counseling including interviews with businessmen familiar with the problems of the blind.

By the time he is discharged, he will be ready to accept the fact that a blind man can look forward to a reasonably bright future—provided that his experience at home does not contradict that impression. He will have learned that there are very few things which some blind person is not already doing, and he will be ready to be persuaded—although he will not yet be fully convinced—that he can do as well as most of the men he has heard about. At this point the direction in which he goes can be determined by the reception he receives from the folks at home.

Aids for the Blind

Most blinded people require the help of a cane in public places or on crowded thoroughfares. Constant tapping of the cane is neither necessary nor desirable, but it is a useful tool for judging distances, locating the presence of doors and stairways, and uncovering unexpected obstacles.

So many people have heard about guide dogs for the blind that the families of many blinded veterans will probably jump to the conclusion that this particular type of aid is essential for their own sons or husbands. Actually, it is estimated that guide dogs are invaluable for some ten percent of the blind; for the rest, they may be more of a nuisance than a convenience. Where a man lives, where he works, what kind of transportation he uses, how highly developed his own sense of direction is, and his personal feeling for dogs are only a few of the factors which influence the benefit he would receive from a guide dog. In the end he should make his own decision about whether he wants to apply for a

dog, and it is probably best for him to take his time about making that decision.

It is best for him to recognize from the start that there are some instances when he will need help from other people. In an unfamiliar neighborhood he will need directions from passers-by. In heavy traffic he will need to take someone's arm before he crosses the street or boards a bus. More often than not he will not have to ask for assistance, since his cane will usually prompt people to offer their help if they see him standing on a corner.

He will not have to forego the pleasures of reading, since Braille books and talking-book records are both available to him through 27 regional libraries throughout the country. Talking-book records require special play-back equipment which he can borrow free for an indefinite period through local agencies serving the blind or through his state commission for the blind. There is no rental charge for either the books or the records and both are sent to him postage-free.

Upon his discharge from the service, the American Foundation for the Blind will give him a specially prepared watch which will make it possible for him to tell the time with his fingertips. There are a good many varieties of watches and clocks for the blind, some of them supplied with metal guides at five-minute intervals around the dial. When he opens the case, the position of the hands in relation to the guides will tell the story.

Etiquette for the Sighted

For your own interviews with him and certainly when you make suggestions to his family, you will want to know the elementary rules of behavior in the presence of blinded people. First of all, you will want to remember that to the man who cannot see you, your entire personality and his impression of it are controlled by your voice. A pleasant, well-modulated speaking voice will go a long way toward establishing cordial relations. He will be more than usually sensitive to the inflections of your voice as well. A somewhat stern tone, modified by a smile, means one thing to a sighted person. To the blind it means unqualified disapproval.

Until you speak he has no way of knowing anything about you—or even that you are in the room. It is courteous, therefore, to make your presence known immediately as he enters. On the other hand, if you are entering a room where he is already seated, he can tell, of course, by your footsteps that someone is approaching. Until you identify yourself, however, he must wonder who you are. To put him at his ease you should introduce yourself at once, unless he knows your voice well enough to be able to identify it as soon as you speak.

Since he relies so heavily on his hearing, you will not want to confuse him with unnecessary noises which make it difficult for him to concentrate. If it is at all possible, interview him in a quiet office where he will not be disturbed by the clatter of typewriters and by other concurrent conversations. You might suggest to his family, too, that it will be easier for him on social occasions if, for example, they switch off the radio while he is trying to follow a conversation.

Unexpected noises may startle him more than you expect because he cannot readily determine the reason for them. If a heavy object falls or a door slams in the wind, you may want to mention what has happened.

Axiomatic as it sounds, it is sometimes necessary to point out that the blind man can hear and speak even though he cannot see. One humiliating experience which occurs all too frequently stems directly from the fact that people forget this obvious truth. Waitresses have a way of asking his companion what the blind man wants to order; acquaintances are apt to address remarks about him to others even though he is standing before them. If he should come to your office accompanied, you will want to be especially careful that you, too, do not give the impression that you are not speaking directly to him. Don't, for example, ask his companion if the blind man can find his way to the chair beside your desk. Speak to him directly and tell him where the chair is located.

About the House

Almost any blind man will tell you that the two most upsetting practices which sighted people follow are the habit of leaving doors partly open and the failure to put things back where they came from. Obviously a door which is either wide open or firmly shut presents less of a hazard to the man who cannot see it than one which is a frank invitation to collision. Equally obvious, the blind man depends upon finding things as they are accustomed to be. If he knows that the door between the dining room and living room is always open, he will tend to walk through it without checking first. If, on the other hand, it is usually closed, he will reach for the handle whether or not it is there to be found.

In the same way he becomes accustomed to looking for his things in the places where they have always been. Mothers or wives who like to change things about need not necessarily repress their urges to redecorate. But they must learn not to move the furniture without telling him first. This applies to small objects as well. If his handkerchiefs are customarily kept in the top drawer of his bureau, he will go there for them, and if they have been moved it may be impossible

for him to find them. It is important to remember this because it spares him the embarrassment of having to ask constant questions.

He is perfectly capable of dressing himself, shaving himself, and selecting his own clothes. But here again he is lost if his things have been moved. In all probability he will work out a system whereby shirts and ties and socks of harmonizing colors are kept in separate piles or separate drawers. Once this has been established, his laundry should always be replaced in the order he has determined. He will have a special place in the bathroom for his own toothbrush, his towel, and his shaving things. He will know where to find his comb and he will be able to put his hands on a shoehorn in a hurry. Any variation from this routine may cause him unnecessary embarrassment unless he has first been warned of it.

Unexpected obstacles about the house are dangerous for everybody, but much more so to the blind man. A chair pushed out to the middle of the floor, a child's toy on a staircase, an umbrella standing against a wall, a bicycle or baby carriage in the hall, a bureau drawer left half open may cause serious accidents or at the least uncomfortable incidents.

Mealtime need not be precarious if it is handled quietly and sensibly. As a general rule, the blinded veteran will be able to cut his own food, but he may prefer to have the more stubborn meats cut for him. In that case, some member of the family should do it quietly and inconspicuously. When guests are present, it may be more graceful to have his meat cut in the kitchen so that there will be no need for publicizing this small attention.

He will probably want to have someone mention—quietly—exactly what is on his plate so that he knows what to expect when he tackles it with knife and fork. Ordinarily, the person who sits next to him at the table can make this his responsibility.

It sometimes takes a while for sighted people to realize that the presence or absence of light in a room makes no difference to the blind man. If they comment about it every time they find him sitting in the dark they may make him uncomfortable.

Giving Him Confidence

Even though he will occasionally need help from other members of the family there are still many ways in which he can be of service to them. If he used to dry the dishes after dinner, by all means let him continue to do so. Even if he is not too skillful at first, it will remind him that he is still useful around the house. If he has always been mechanically inclined, his new skill with his fingertips will make him even more so. His family should continue to bring him the radio

that needs fixing, the jar that won't open, the vacuum cleaner that needs repairs. Each time they ask him to do something for them he will have further evidence of their confidence in him and of his own competence. Coming to him for help is a habit that should be cultivated. It pays generous dividends.

Just because he can't see with his eyes is no reason why he should be barred from the pleasure of discussing new purchases. His wife should "show" him the new slip covers or her new hat just as she used to, except that now he will use his fingers instead of his eyes to see it and she will probably want to tell him about the colors. Self-consciousness on the part of sighted people contributes nothing to his peace of mind and actually deprives him of some pleasure. His family should not hesitate to describe beautiful things to him or to use the verb "see" as they normally would in conversation.

Amusements and Entertainment

When he first comes home, he will probably want a little time to get accustomed to his surroundings and his family. After a while, however, he will be ready for social activities and even if he seems reluctant his family should encourage him to see other people. They should make a practice of having guests and of urging him to visit his friends. They need not hesitate to take him into strange houses, for all he will need to acclimate himself is an unobtrusive warning about the presence of a stairway or a sudden turn in the hall.

The radio, his Braille books, and his talking-book records are all good candidates for entertainment at home. They are not the only possibility, however. If he likes to play cards, he can still do so with the aid of specially prepared playing cards. These are the same cards that sighted people ordinarily use but they have the additional advantage of being Brailled at the edges for the convenience of the blind player.

For outside entertainment he still has swimming, dancing, boating, concerts, lectures, and the movies as possibilities. Many blind people go to the movies regularly—especially if they used to like them. Pictures which are evidently built around dancing or action sequences are not particularly good bets, but he will probably still enjoy the kind of picture which tells its story as much in dialogue as in action.

Employment Possibilities

As in the case of most other handicaps, blindness does not prevent enterprising people from holding down important jobs in an almost limitless variety of fields. Even though the blinded veteran will have a pension, he should be urged to consider this as "extra" income and

to continue supporting himself and his family if he is the head of the house.

Vocational experts who work with the blind believe that the first thing to consider is the man's interests and aptitudes with his handicap being only a secondary factor. Only rarely will his blindness bar his entrance into the field of his choice. At this moment blind men are functioning successfully as lawyers, writers, teachers, musicians. They are working in offices and in heavy industry, where their fingertips are often more accurate than other people's eyes. They have met, matched, and in many cases surpassed the competition of sighted men. Blinded veterans know this. If the rest of the world learns it, too, there will be little reason to fear for the economic status for the blind.

Explaining Visible Handicaps to Children

"How will the children take it?" "Will Johnny be frightened?" "Will Mary Jane cry when she sees Jim?"

These and similar questions may plague the wife of many a disabled man as she plans for his return. Her own adult and complicated reactions to her husband's injury may lead her to believe that the youngsters will have a hard time getting used to a father who looks different from other people or who can't do some of the things that other children's fathers do.

Some young wives may come to you for help in preparing their children for the return of an injured father. Some fathers may confess to you that they have secret misgivings about Johnny's disappointment when dad can't teach him tennis or Mary Jane's dismay when father can't see her new dress.

Much of this early apprehension is needless and with wise planning on the part of both parents, Johnny and Mary Jane need present no special problem. Usually, children are much more natural than adults in the presence of a handicapped man. They may and probably will display a lively curiosity—just as they would respond to anything else new and strange. But once their questions have been answered, most children will be content to accept this new fact as cheerfully as any other they encounter in the course of a normal day.

It is probably best to offer the youngsters a simple explanation of what has happened before their father returns. Any child who is old enough to understand simple sentences can be given some notion of what to expect. Voluminous details are unnecessary, but it is important to answer questions, for obvious evasions will only create an undesirable atmosphere of mystery.

Most children who are past the infant stage know that war is destructive and that soldiers and sailors are sometimes injured. They will

know from the regret in mother's voice that it is sad that daddy has been hurt. But they need not be frightened if she tells them as well that the doctors have fixed daddy up now so that he can come home to live with his family. It is almost inevitable that they will take their cue from the attitude of the adults in the household. If there is a good deal of worried talk, if the house seems to be steeped in tragedy, if mother is nervous and ill at ease, Johnny and Mary Jane will be frightened. Even very young children are sensitive to other people's moods. Whether or not they can understand mother's words, they can certainly understand her tears and be disturbed by her agitated manner.

On the other hand, if mother shows by her words and attitude that the most important news is the return of a beloved husband and father, the excitement of daddy's home-coming will overshadow any apprehension they may feel.

In an effort to spare their husband's feelings, some young mothers may mistakenly caution the children not to talk about daddy's injuries. This approach will probably boomerang, for a child who is consciously repressing his perfectly healthy curiosity is not a natural child and there will be no spontaneity in his meeting with his father.

If, on the other hand, the children are allowed to be their unaffected selves, their refreshing directness may well help to put the rest of the family at ease. Few men will resent their children's questions, however blunt they may be. As a matter of fact, to many disabled men the unstudied reactions of children will provide a welcome relief from the carefully rehearsed phrases of many a self-conscious adult.

Johnny will probably be fascinated with an artificial arm, for example. He may well pepper daddy with questions about how it works, what it does, and what it feels like to wear one. Once he knows the answers, he will accept it as a natural part of the household. But if he is hushed or scolded for asking, things will not be so easy, for he will continue to be furtively interested in this forbidden knowledge which, for some obscure adult reason, seems to be so important.

What If He's Shy?

Young parents can be spared a good deal of heartache if they are told in advance that Johnny's shyness or Mary Jane's reluctance to sit on daddy's lap probably has nothing to do with father's handicap. How slowly or quickly a child warms up depends upon his own personality. If he is usually quiet in the presence of strangers, it will probably take a while before he is wholly at ease with the father who has been long away. He shouldn't be coaxed to throw his arms around daddy's neck any more than he would be forced to show affection to any other

new acquaintance. In time, mother's example and daddy's continued presence will draw him out of his first constraint.

Even if daddy was a beloved playmate before he went away to war, there may be some strangeness at the beginning. Unless the child is six or over, his early recollections will be vague at best. This means, too, however, that youngsters will be unlikely to compare their fathers as they are now with the fathers they remember. The present has so much more reality to children than any distant memories that changes are not likely to disturb them as they do adults.

Substituting for the Impossible

Children want to admire their fathers, but they are flexible about the traits that inspire admiration. If dad can't wrestle with Johnny, he can probably take him fishing. If he can't see Mary Jane's blue dress, he can listen to her sing a song. If he has a strange-looking scar on his cheek it doesn't interfere with his absorbing talent for wood carving. Father may be concerned about what he *can't* do, now that he has been injured, but children will be much more interested in the wonderful things he can do. Easily distracted and quickly enthused, most children will suffer no deprivation as a result of father's handicap if they are offered something else "just as good."

The same principle applies if father needs rest and quiet while Johnny wants to play. Certainly there will be a problem if, now that daddy's home, Johnny's whole world becomes an unwelcome series of "don'ts." Children take responsibility proudly, but their patience is short and "keeping quiet for daddy's sake" can be a dull business unless it offers some advantages.

Ideally it would be best to arrange the household so that even on rainy days, Johnny and father could each have their respective quiet and noise without affecting each other. Not all houses or apartments lend themselves to such a Utopian scheme, however. The next best plan would be for mother to be prepared with a stock of quiet amusements for rainy days. If, along with the knowledge that he is helping daddy, Johnny's unaccustomed restraint can be reinforced by a new toy or game which keeps him entertained without noise, he will suffer no hardship and feel no resentment. A supply of paintboxes, modeling clay, paper dolls, blocks, or picture books is a wise precaution which can prevent injured feelings and forestall family tension.

The Triumph of Time

Whatever the child's first reaction, family life is a long-term affair. The bonds of affection between parents and children are forged slowly and unbreakably by long intimacy and constant sharing of pleasure

and pain. The veteran who comes home after a prolonged absence begins to take his place in his children's lives later than he ordinarily would. But each day makes him more familiar and each mutual experience makes him more beloved. Now that he is home to stay, there is enough time ahead so that neither he nor the children will need to rush their feeling for each other. As the fact of his presence grows upon them, they will turn to him more and more frequently, and as his knowledge of them deepens he will become daily more skillful in the art of being a parent.

CHAPTER VI

Mental and Emotional Illnesses

THIS WAR TOOK ITS TOLL of minds, emotions, and nerves as well as of bodies. When the strain of military life reflected itself in a man's behavior and interfered with his competence as a soldier or sailor, the Army and Navy released him from further service with a neuropsychiatric discharge. Familiar as this phrase is, however, few people understand its actual meaning.

The confusion which surrounds this type of discharge is largely due to the fact that it is a broad classification used to embrace a wide variety of disorders, some serious, some slight. It is further complicated by the traditionally complex emotions with which most people regard illnesses of mental origin. Because a neuropsychiatric discharge is so often met with unnecessary fear and suspicion and even shame on the part of the veteran and his family, it is important for you to understand why this fog of misunderstanding has accumulated and what you can do to help dispel it.

Historical Background

Down through the ages, nothing has been more shrouded in mystery than the workings of the human mind. It is natural for man to be afraid of the things he cannot understand; thus, for many centuries fear was man's instinctive response to mental or emotional abnormalities. For years, people believed that the mind was ruled by divine or evil powers. As a result, those whose behavior did not correspond to the expected pattern were considered devils or saints and treated accordingly.

Because traces of that ancient concept still remain in people's minds, mental illness has never been altogether free of stigma. But until recently, progress in public understanding was gradually becoming evident. With the introduction of mental hygiene clinics, the growing use of psychiatrists, and the spread of education, people had begun to understand that mental illnesses are curable and even that "nice people" are subject to them. Of late, however, there has been a setback in public understanding, largely as a result of overemphasis.

All the publicity about the screening process designed to weed out those who were psychologically unfit for military service resulted in a flood of popular articles on the subject of psychiatry. Reports about the large proportion of servicemen who received neuropsychiatric

discharges served to intensify the hullabaloo. Instructions were issued on how to receive the veteran, how to treat him under all conceivable conditions, how to live with him day after day. By high lighting the possibility of emotional upset, and indeed by sheer force of quantity alone, this deluge of psychiatry in print seemed to imply that all veterans were going to descend upon the peaceful civilian scene like a pack of untamed animals.

Naturally, a wave of reaction set in. Swinging to the other extreme of the pendulum, the popular articles began to take the form of vehement denials that the experience of war will leave any emotional traces at all. Soldiers and sailors, alarmed by these elaborate preparations for their return, protested their normalcy in letters to the editor. Veterans' organizations and civic groups sprang to their defense. Some writers asserted that our men were coming back altogether unchanged; others insisted that there would be changes—but only for the better.

This philosophy is, of course, no nearer the truth than the other exaggeration which preceded it, nor is it particularly convincing. Many civilians are still frightened that their husbands and sons will return with this strange malady which requires such expert treatment. Veterans, aware of the cloud which hangs over "NP" discharges, protest them when they receive them, but worry about themselves at the same time.

What This Means to You

It is this uneasy reception of the neuropsychiatric discharge which offers you your greatest opportunity to be of service. As a Home Service worker, you are not expected to *treat* nervous or mental illnesses any more than you would prescribe for a physical disability. But you may find that in these illnesses you will be needed more often to persuade the veteran to accept treatment from those who are qualified to give it, to explain the nature of his disability to his family, and to clear away some of the misconceptions which surround it.

In a sense you have a selling job to do. The biggest part of this job lies in getting across the idea that mental or emotional illness is perfectly respectable, not at all uncommon and eminently treatable. To be successful, you must know certain facts yourself, recognize the barriers to understanding which have been outlined above, and set an encouraging example with your own matter-of-fact acceptance of men with neuropsychiatric discharges.

The Majority Status

In the vast majority of cases, the veteran diagnosed as neuropsychiatric was so discharged simply because he could not get along

in military life beyond a given point. This is not surprising. Every man has a different capacity for absorbing sudden changes or painful experiences. In civilian life this capacity stretches because, more often than not, unendurable experiences can be side-stepped and the breaking point can be avoided. Military life offers no such flexibility. Its demands are more intense, more numerous, and impossible of evasion.

When active and prolonged fighting has subjected a man to greater strain than he can absorb, he is said to have acquired "combat fatigue," a condition which is not hard to understand. Yet even when the cause is so apparent, civilians are often impatient with those whose recovery is slow. When the soldier or sailor who has seen no action or no overseas service reacts in the same way, people are apt to be more surprised, less patient, and even a little scornful.

There is an explanation for this behavior—and most frequently it lies in the man's own personality and in the early experiences which have made him the kind of person he is. If Joe Barnes and Ted Prince leave the same town on the same day and are assigned to the same unit in the same army camp, is it fair to say that here are two men who have accepted equal hardships and should shoulder them with the same confidence? Joe may have spent most of his youth wrapped up in a makeshift laboratory in the family cellar. Perhaps he is the kind of man who long ago set himself a rigid goal in life and who resents any interruption of his self-imposed routine. Add to that the possibility that he has had a widowed mother to take care of and that he never had much time to be young or carefree or part of "the crowd." Ted may have been one of six children in a warmhearted, easygoing family. He's had a lot of friends, several jobs, and some limelight as a local athlete. He is used to casual relationships with strangers and to ups and downs in his scale of living. Will the sudden plunge into a wholly new world mean the same thing to each of these men?

Joe and Ted are, of course, exaggerated types, but the contrast between them and between the ways in which they might be expected to react to army life is no more startling than the differences between any other two servicemen chosen at random.

Some men have the habit of success. Their previous experiences have made them sure of themselves, ready to take initiative, and all in all pretty fond of living. Others—perhaps because of circumstances altogether out of their control—have a long history of disappointments and failure. They've learned to doubt their own ability, to be suspicious of other people. They think they have to fight for everything they get.

For these and countless other reasons, no flat standards can be set as to what is and what is not a hardship. An unbearable experience is made up of two equally important factors: an event plus the meaning of that event to one particular man. Strangers—even relatives—cannot

presume to judge what that event might mean to anyone other than themselves.

How Does Psychoneurosis Show?

With psychoneurosis as in any other illness, symptoms may be apparent. The veteran may be restless, irritable, or convinced that the world is against him. He may fly into a rage over trifles. He may complain of numerous physical ailments which are no less real to him for all the fact that they have no organic basis. He may even be temporarily or chronically incapacitated as though he were suffering from a serious physical illness.

On the other hand, he may behave in a perfectly conventional manner with a few significant exceptions. It may be noise which throws him off balance; it may be that he feels unable to face a crowd, to ride in streetcars; to hear or speak certain words. There are far too many possibilities to permit any comprehensive and all-inclusive list, but in general they all reflect the fact that he is emotionally disturbed.

Often his symptoms are not new and not particularly different from the behavior of many "eccentric" civilians. The veteran has the distinction of having been diagnosed and labeled, but that does not mean that his plight is any more serious than that of the civilian in whom the same symptoms may be regarded as interesting evidence of sensitivity or unusual temperament.

In every community there is a certain proportion of people who have an unreasoning fear of high places, an abhorrence of crowds, a deep distaste for routine, an inexplicable aversion to black cats or garden snakes or even fast transportation. These people are not prevented by their neuroses (for that, of course, is what these symptoms indicate) from living a perfectly satisfactory life. They would probably be better off if they could get over their individual quirks, but even if they can't, most of them will manage to get along by the simple process of adjusting their lives so that they are rarely exposed to the things which disturb them. It is fair enough to suppose that the same state of affairs will hold true for large numbers of the veterans who have similar disorders.

This description of possible symptoms is useful to you as an indication of what might be expected of men with neuropsychiatric discharges. It is not intended as a basis for independent diagnosis. Any man might exhibit one or several of these tendencies during the early months of his return to civilian life without having—or qualifying for—a neuropsychiatric discharge. How much of an impact they make upon his personality or his ability to get along in the world is something only an expert can judge.

The More Serious Minority

A relatively small proportion of veterans with neuropsychiatric discharges *is* coming back as very sick people. Some will be cured by psychiatric treatments; some will not be helped appreciably; others will not accept help. It may not always be available to all who seek it. Even after the war, with increased facilities and more psychiatrists there will not be enough to go around. This is the inescapable darker side of the picture.

For the most part, however, those who are very ill (i.e., the psychotic) will be hospitalized. These are the people who, for all practical purposes, are unable to get along in everyday life. Their thinking and behavior is so bizarre or so removed from reality that it is not acceptable in the community at large.

Once in a while, relatives will insist, despite medical advice to the contrary, that these men be returned to their homes. The Red Cross worker in the hospital is likely to ask your help if this difficulty arises. In these instances, there is one major service you can offer. You can try to interpret to the family, or to those assuming responsibility for the veteran, the importance of medical and hospital care and the fact that this man is too ill to make any kind of passable adjustment without such care. If the man does come home, and is unable to remain there, hospitalization will be available to him at the nearest veterans' hospital. If the veteran will go willingly and his family concurs in his decision, it is advisable for him to take a letter from his family physician stating the need for hospitalization.

There will be some instances when the veteran will not voluntarily enter the hospital even though it is necessary. In this case, commitment becomes essential and you will want to familiarize yourself with the details of commitment procedure so that you can explain them to the family.

You may wonder how you can recognize a psychosis when you are not in possession of the specific medical diagnosis. The answer is that most people are capable of recognizing behavior which is so markedly unusual that it seems to require hospitalization and that if the evidence seems to point in that direction, you will not be required to make the diagnosis yourself, but you will want to obtain an opinion from a psychiatrist, if one is available, or from a local physician.

Helping the Experts

When you refer a veteran to a psychiatrist or to any doctor, you may be of assistance to the specialist by offering to secure further information for him. You will probably already have had experience in compiling social histories for the use of military authorities and the

same kind of data about a man's past life can be extremely valuable to his doctor or psychiatrist as indeed it can be to you.

It is also possible for you to request for the use of the doctor a review of the veteran's medical record. This is not a routine procedure and should be used only when the doctor or psychiatrist considers it advisable.

Organic Disorders

The comparatively small number of veterans who have suffered actual brain injuries will have been singled out in the hospital for special treatment and medical attention. If they are discharged with recommendations for follow-up care, you will doubtless receive word of this from the Red Cross hospital worker and you will want to take the responsibility for seeing that the necessary care or supervision is obtained.

Epilepsy is one example of a disorder which sometimes results from a brain injury; sometimes it appears for the first time under severe emotional stress. For obvious reasons, the man who is subject to epileptic seizures cannot continue in military service and often he suffers great shame over his discharge.

Epilepsy, too, has been shrouded in misunderstanding for centuries. In order to combat some of the misconceptions which surround it, you will need to know that epilepsy can be controlled and that the man who suffers from it can lead a useful and productive life. He should be under medical supervision and, if medication has been recommended, it is essential that he follow the prescribed routine. But there is no truth in the popular fallacy that epilepsy is related to low intelligence. On the contrary, studies have proved that most people with this illness are of superior intelligence and many have been outstanding in their achievements.

Other Related Discharges

There are certain types of socially unacceptable behavior which have not as yet been widely recognized as emotional in origin, even by those who will concede some reality to mental illness. In the Army, some men are discharged neither honorably nor dishonorably, receiving what is known as the "blue discharge." In the Navy, a discharge for unsuitability is given under honorable conditions, but carries some of the same implications. These discharges are given for disciplinary infractions which do not warrant a dishonorable discharge, for chronic complaining, general ineffectualness, alcoholism, repeated absence without leave, and homosexuality.

The man who displays these symptoms is incapable of coping with life on an adult level. The alcoholic literally reverts to the bottle. He succeeds in dimming reality to the point where it no longer bothers him. He is a child again with no responsibilities.

The homosexual evades the responsibilities of the normal sexual adjustment; he is just as neurotic as the man who can eat only food that his mother prepares. Usually, however, the homosexual has worked out a kind of solution for himself. His social contacts may be confined to other persons like himself and in that case his relationships may be satisfying to him, however they appear to other people. There is nothing to prevent him from being altogether successful on his job and even when his personal relationships are not happy, it may be that his job or career makes up for other inadequacies in his life. Either way, he may have managed to get along all right until military service broke up the pattern of life he had arranged.

In ordinary life, homosexuals rarely constitute a social menace. They may be desperately unhappy people, but they are certainly not dangerous in the sense of sex perverts or so-called sex morons. To these men, military service and the blue discharge frequently bring a much greater concern about their problem than they have ever experienced before.

In general, men discharged for any of these reasons will encounter special difficulties on their return to civilian life. In the first place, they are usually reluctant to admit that they have been discharged without honor. If, for example, prospective employers demand to see their discharges, they are at once exposing their disgrace and subjecting themselves to possible rejection as an employee. Even though the specific reason for the "blue discharge" may not be mentioned in his papers, the veteran may be tortured by his fear of the conclusions people will draw. Sometimes the man with a "blue discharge" has a copy made of his discharge paper and, since the copy is not blue, the meaning of his discharge is less readily apparent. Even in these cases, however, he is apt to be just as disturbed, since his own knowledge of the facts weighs heavily on his mind. The same sense of failure carries over into his family relationships, for this man cannot return in the role of a hero.

Here, then, your job as a Home Service worker is to help the family receive this veteran without condemnation. Even if your knowledge of the reason for his discharge has been given to you in confidence and you cannot explain it to his family, you can nevertheless tell them that this man will have much less difficulty in adapting himself to civilian life than he had in the Army or Navy. With his family's help and encouragement, he may be able to get along all right.

Any of these men may benefit from psychiatric treatment if it is available and they want it. But you should not attempt to substitute for intensive long-term professional care. Even if a homosexual or an alcoholic expresses a desire to discuss his problem with you he should not be encouraged to do so. The roots of these particular maladjustments are deep. You can reassure him with your own acceptance of his problem, but you should not attempt to probe for its underlying causes.

The Range of Your Services

Home Service workers will certainly not see all veterans with neuropsychiatric discharges, nor will all of those you do see require extensive services. Sometimes they will come to the office for assistance in filing a claim; sometimes they will come just to talk; sometimes you will ask them to come in or go to see them because the Red Cross hospital worker has asked you to follow up these men. Here are some of the things you will want to remember, regardless of their individual reasons for coming to you.

Most of these men will be uncomfortable about their diagnoses and some will be unwilling to admit them. If they want to talk about their uneasiness, you can certainly be of service by listening and by telling them exactly what resources the community offers them. If this doesn't seem to be enough, you may want to offer them psychiatric help, if it is available. But you cannot force them to accept treatment if they don't want it and you will accomplish little by arguing. On occasion, when the hospital has notified you that outpatient treatment is desirable for a particular veteran, you may make it easier for him to accept clinic treatment if you explain to his family that his is a treatable illness and that regular visits to the clinic are as logical in his case as they would be if his illness were an infection or a wound. Sometimes you will find that a veteran and his family both resent the offer of psychiatric service because they are convinced that psychiatrists specialize in helping "crazy people," and they feel that accepting these services is a tacit admission of insanity. A simple redefinition might help here, if only to establish the fact that psychiatrists are useful to "nervous people" whose sanity is not open to question.

You can help, too, by accepting the fact that physical symptoms which grow out of mental causes are very real to the patient. If, for example, a man complains of incessant backaches, despite the fact that X-rays and medical examinations reveal no physical injury, his pain is not to be discounted as "imaginary." You will want to consider it as an important factor in his choice of a job and, for the simple reason that he cannot be talked out of it, his family will need to recog-

nize it as a very real discomfort, accounting in part for any irritability he displays. Later, when he is better adapted to his new way of life, the pain may disappear.

Relaying Your Understanding

Your service to the families of veterans with neuropsychiatric discharges can be even more important than your work with the families of other disabled men for you are in a position to clarify what may seem like unreasonable behavior. When a man has been wounded or ill, his relatives and friends expect occasional moodiness and find it easy to forgive him. But when he looks perfectly fit, they are apt to be less patient with outbursts of temper or long periods of sulkiness. You can explain that this uneven disposition is the result of his experiences; that it is just as much a symptom of illness as any visible scar; and that this veteran deserves the same consideration he would get if his injuries had been physical instead of emotional.

The story of George Baker is a good example of this kind of service. George had seen a good deal of combat under more than usually arduous conditions and, although he received a neuropsychiatric discharge, he seemed to be in good condition after his treatment in the army hospital. The doctors were fairly confident that he could return to civilian life with relatively little difficulty. So George came home to his wife and to Peter, the baby he had never seen.

Much was made of his return and the reunion was a happy one. Aside from the fact that he didn't sleep very well, his nervousness was not particularly noticeable. He seemed to enjoy seeing his old friends and he was eager for entertainment and activity. His wife was a little hurt, however, because George didn't seem to think much of little Peter. He was annoyed when the baby cried, resentful when plans had to be canceled for the child's sake.

One day about a month after his return, George stumbled over some of Peter's playthings on the floor. Immediately he flew into a rage, broke the toys to bits, and slapped the child. Inevitably, a quarrel with his wife followed and after that his moodiness increased perceptibly. Finally he confessed that he, too, had been frightened at his lack of control and had become very much concerned about his condition. At his wife's suggestion, he came to the Red Cross.

The Home Service worker talked to George for a while and then asked to see his wife as well. It was in the interviews with Mrs. Baker that the situation became clear. All during George's absence, his wife had been completely engrossed in Peter. Having no other demands on her time, she had given all her time to him and he was accustomed to an unusual amount of attention. Naturally, Peter resented his father and continued to expect 24-hour care from his mother.

Because Peter was only a baby and because she was so accustomed to meeting his every demand, Mrs. Baker continued to be completely absorbed in him even after George's return. As a result, without realizing it she gave the impression of ignoring her husband.

How did George feel about all this? It was pretty obvious. Despite medical opinion that his illness was a battle reaction which would not recur, he was still disturbed about the nature of his discharge. Coupled with that, he had no job. George's profession was law and now—with a wife and child to support—he had to face the long months of re-establishing a practice which had dribbled away during his years in the service.

What George needed most of all was reassurance and attention. Instead he found that his son was the center of all eyes. When he realized that he resented his own child, he was ashamed of himself and, correspondingly, became even more worried.

Once she saw and understood what was happening, it wasn't hard for Mrs. Baker to remedy the situation. Young Peter was surprised, of course—and frequently vocal in his protests. But he suffered no neglect. George, who now began to receive the affection and confidence he had needed, responded almost immediately and became much more reasonable about the child. In a few months he was himself again and the family was at peace.

His Rights and Benefits

It is your job to help veterans to secure compensation if they need it—and some few veterans with neuropsychiatric discharges will have to be completely dependent upon the pensions they receive for their service. But you may find a tendency among others to overemphasize their dependence on pensions and you will want to discourage this attitude when you meet it.

For most of these men, the desire to get well is essential to their recovery. If they have given up hope themselves, their chances of progress are poor. When a veteran gives you the impression that his claim is assuming too great proportions in his eyes, you will, of course, want to help him file it, but at the same time you may wish to ask him what other provisions for the future he is making. Your quiet assumption that he *can* get a job and that he *is* interested in social activities may start him thinking along more constructive lines. If you gather that his consuming interest in his claim stems from his family's feeling that he will never be able to support himself again, it may be your cue to make an appointment with his relatives and help them to understand that their lack of confidence is undermining his chance of recovery.

A Case in Point

For young Jack Wood, the Red Cross offered what were, in the end, only routine services. But no one can judge the importance of those services or the end results if they had not been given.

Jack Wood, Sr., had been something of a hero in World War I and all of Middletown fondly expected that young Jack would carry on the family tradition. He was a reserved youngster, with none of his father's ebullient confidence and not much interest in the athletic feats to which his father constantly challenged him—and at which his father always won.

Nevertheless, he did what was expected of him and enlisted in the Air Corps as a candidate for a pilot's commission. The town was treated to a good many fond parental predictions about "my boy Jack" and there was much good-natured conversation about "chips off the old block." Then the bad news came.

Like many other young hopefuls, Jack had washed out of the Air Corps. More than that, he had been relieved of further service with a neuropsychiatric discharge.

This was more than Mr. Wood could take. Hot-tempered—and perhaps most of all embarrassed by his own remembered boasts—he wrote Jack that the family had been disgraced and that he need not bother to return to Middletown. To make matters worse, Jack's girl picked this particular moment to marry another man. Between them, they had left Jack pretty much alone in the world.

Whatever other differences there were between father and son, Jack had inherited a stubborn pride. He wasn't going to depend on anybody—ever—from now on. He'd make his own way in another city without benefit of help.

Underneath all this bravado, Jack was a pretty frightened young man. Almost the only way he could convince himself that there was nothing to be afraid of was to refuse to believe the doctor's diagnosis and to ignore the reason for his discharge. As proof to himself that this thing wasn't going to worry him, he made a grand gesture and refused to accept the 30 percent disability compensation to which he was entitled.

That was all right, until he ran out of money. But even then, he decided it would be more dignified to ask the Red Cross for a loan than it would be to accept the tainted money which grew out of his failure. To his surprise, the Home Service worker took a completely different tack about his pension. She didn't seem to see it at all as a reminder of the past. Instead, she looked at it as a promise of future success—a means of becoming independent and showing the folks back home.

This was a new point of view to Jack and he decided to think it over. Grudgingly he admitted, too, that he had been given an application for federal rehabilitation, but that he had thrown it away.

A subsequent query to the Veterans Administration told the worker that Jack had been given this form because the hospital staff had been so impressed with the caricatures Jack had constantly scribbled that they felt he should be given a chance to go on to art school and develop what seemed to be a real talent.

When the worker saw Jack again, she had a strong talking point. She asked to see some of his sketches, complimented him on the impression he had made at the hospital, and left him feeling that he might be pretty much of a person after all. By the time he'd brought his work in for her to see, he had begun to see the application in a new light and finally he agreed to send for a duplicate.

Until his first rehabilitation check came through, the Red Cross gave him some money. When it did arrive, Jack proceeded to squander the entire sum on one uproarious evening. He was defiant when he came in the next day to tell the worker about it. Obviously he had rehearsed some angry answers to the rebuke he fully expected. Again the worker surprised him. She agreed at the start that he had been through some pretty tough times and that he probably felt that he owed himself an occasional fling. For this time, she told him, the Red Cross would help him out again.

The third time this happened, they had a serious talk. The worker reminded Jack that, while she could understand his desire to break loose every now and then, the Red Cross could not go on indefinitely making up his deficits. Since this sort of thing might happen again and again, she suggested that when his future checks came, he make it a rule first of all to pay his room and board at the "Y." With that behind him, he would have to face the fact that if he spent the rest of his money unwisely he would have to go without cigarettes, movies, and new clothing.

By now Jack was launched at art school and doing very well. He found a part-time job which he liked well enough and seemed to have no trouble keeping it. But he still wasn't very happy. One day, when he knew the worker well, he suddenly began to talk about his girl. He didn't blame her for throwing him over, but he didn't think much of women. On the other hand, why should they think much of him? Probably no nice girl would give him a tumble anyway.

The worker wasn't so sure of that. As a matter of fact, she thought he'd find, when he knew more of them, that no two women were alike and that quite a number of them might be attracted to Jack. It was at her suggestion that he went to one or two of the "Y" dances and—inevitably—met a girl who did like him. She did a lot to restore Jack's

confidence. So did his progress at art school and his job. Now, several months later, Jack is still a regular visitor at the chapter office. But these days he comes just to talk—and to repay the money he borrowed.

What was done for him? It boils down to a rather commonplace list of services: financial assistance, interpretation of his pension, some understanding listening, some encouraging talk. What did it mean to him? A chance to believe in himself again.

The Employment Question

Generally speaking, it is good for a nervous person to be occupied. But too many people are inclined to regard work of any description as an arbitrary cure-all. Work is only therapeutic if it is the right kind of work taken in the right doses. It will help you to know what the veteran has enjoyed doing in the past and how his present symptoms are related to his previous occupation. The man who used to work in a factory, for example, may find that a routine job only increases his nervousness now, or that the noise of a large industrial plant is more than he can cope with at the moment. Some men, who used to work in offices, will resent being cooped up now. They will prefer the freedom of a farm or the lively variety of an outside job.

In many communities, you can rely on help from trained personnel workers and vocational guidance experts in helping a particular veteran to choose his future occupation. When this service is not available, it is up to you to understand and to explain to his family that he may need to try—and to leave—several jobs before he finds the right one.

There will be instances where employers, misunderstanding the meaning of a neuropsychiatric discharge, will hesitate to reemploy a veteran who is perfectly capable of resuming his former work. Depending upon the circumstances, you may find that you are able to clarify a situation like this by visiting the employer yourself and explaining the veteran's condition.

Leisure-time Activities

Healthful recreation is important in anybody's life, but it becomes even more essential for the man who would otherwise spend his unoccupied hours brooding over his misfortunes. You and his family together can plan ways to rearouse his interest in former hobbies and pastimes, since these are usually a better starting place than totally new activities. Again, tact, ingenuity, and patience will play a major role. Nagging won't help, but planning probably will.

If, for example, Frank Smith was the kind of boy who built his own radios and fixed all the neighbors' children's toys, some member of

his family might make him a gift of a new set of tools. The appearance of the tools might not accomplish anything in itself, but if some household appliance should break down a few days later, what could be more natural than to ask his advice about it?

If Dave Jones had a green thumb, this may be the time for his family to decide that they want their own vegetable garden or that the grounds around the house need relandscaping.

If Jim Bennet was the high school tennis champ before he went into the Army, perhaps his younger brother or neighbor needs some expert coaching. If Tim Adams was an enthusiastic swimmer, be sure he knows about the new pool at the "Y."

No Rules of Thumb

This brief survey of what you can do to help the veteran with a neuropsychiatric discharge is necessarily vague. There are no pat solutions and no directives to be followed. Your chief opponent will be fear—dismay on the part of the veteran, shame on the part of his family, suspicion on the part of his employer. Your weapon against it will be the clear light of understanding. Seen from that vantage point, his problem becomes the same as that of any other man whose health has suffered as a result of his military service but who can look ahead to eventual recovery.

CHAPTER VII

The Invisible Disabilities

The Toll of Diseases and Illnesses

IN THE ARMY AND NAVY, as in civilian life, man is subject to an almost limitless list of ailments, some minor, some serious. A significant proportion of veterans with medical discharges are sufferers from illnesses and diseases which are not obvious to the casual eye. These men—those who have contracted arthritis, asthma, rheumatic fever, diabetes, peptic ulcers, etc.—will have the advantage of being spared the necessity to parade their disabilities before the entire community. Psychologically, however, they are in one sense worse off than their companions who bear recognizable scars.

Sometimes the physical, social, and occupational handicaps of some of these illnesses are no less grave than those of amputees or of men who have been blinded or deafened. But the drama of combat wounds is absent—the hero-worship is missing—the gratitude of the community is less spontaneous.

The man who comes home from service with a weak heart will have made no small sacrifice for his country. But his kid brother is less likely to stand in awe of his military exploits; more apt to become impatient with his cautious attitude toward physical exertion. In the same way, his old employer, who might consider it his patriotic duty to find a job commensurate with the abilities of a legless veteran, may now consider it more of a nuisance than a privilege to welcome back a worker who is simply not in good physical shape.

In the minds of the veterans themselves, their illness seems less honorable than wounds received in battle. There is some small compensation for wounds in the glory which they reflect on the soldier or sailor who has received them. There is no glory in severe sinusitis. Some men are even a little ashamed of having "deserted" their fighting companions by contracting trench foot or high blood pressure and being removed from combat or the possibility of combat. They are apt to consider their illness a sign of inadequacy rather than a contribution to the war.

Before the war was over, when discharges were given for medical or disciplinary reasons only, many of these men were painfully self-conscious. Their apparent good health made them an object of suspicion to civilians whose sons and husbands were still in uniform. Since the inception of planned demobilization, they have been relieved of this public hostility. But many of them are still finding that the very

inconspicuousness of their disabilities is depriving them of some of the consideration they deserve.

Naturally, it is impossible to analyze within the limitations of these pages all the different types of illnesses for which discharges have been given. This chapter is therefore confined to specific discussion of tuberculosis and tropical diseases, both of which have claimed numerous victims and neither of which is too well understood by the public.

It is possible, however, for Home Service workers to offer some broad advice to the families and the employers who will be welcoming men with all kinds of major or minor ailments. It is up to all of you to see that this veteran gets good medical care, that he is helped to follow conscientiously whatever routine has been prescribed for him, and that he is recognized as a man who has served his country and who, in the course of (if not because of) that service, sacrificed one of his most precious assets—good health.

Tuberculosis

Tuberculosis is a less frequent cause for discharge from the armed forces in this war than in the last. Of the men who are discharged for this reason, some 90 percent have pulmonary tuberculosis, which means that the disease has attacked their lungs; the remaining 10 percent have tuberculosis in other parts of their bodies.

There is no escaping the fact that tuberculosis is a serious disease. It means a long hard climb to recovery and it demands enormous patience from its victims. But in the battle for eventual cure, many more people win than lose. In the case of the veteran this is especially likely to be true, for early discovery of tuberculosis is one of the most important factors in beating it and the military services have taken many precautions to ferret out any evidences of this disease in all their personnel. Upon his induction, before his overseas assignment, and at other stated intervals during his military training and service, every soldier and sailor will have had his chest X-rayed for tell-tale signs of infection. If the signs were there, the chances are that they are recent arrivals and the vital factor of time is then on his side.

The second most important factor in recovery from tuberculosis is the quality of the care the patient receives—and again the veteran has the advantage here. For the facilities of military and veterans' hospitals offer him every opportunity for cure that medicine and science have devised.

How Did He Get Tuberculosis?

Some anxious mother may ask you how her son happened to contract so grave an illness while he was under military supervision. The answer

is that even the best of medical care cannot always prevent an infection. This disease, which is caused by a germ known as the tubercle bacillus, is not inherited, as people used to think, but it *is* easily transmitted from one person to another. He may have picked it up during a furlough. He may have caught it from a friend or a relative.

People who have active tuberculosis can spit out these germs or cough them up. Other people can then be exposed to them in any of several ways—through a kiss, through an infected drinking glass or spoon or towel, through the spray of an uncovered cough or sneeze, through anything which has touched the lips of a tuberculous patient.

Exposure to the germ does not always result in active tuberculosis; many people have encountered the bacillus and fought it off nonetheless. But when resistance is weak or when exposure to the germ has been frequent or when it attacks a particularly susceptible spot tuberculosis sets in, exhibiting no symptoms at first but progressing all the while.

The Road to Recovery

Tuberculosis is a long-term disease. Absolute rest and a supervised routine are essential to recovery. Since illnesses of such long duration do not come within the scope of military hospitals, servicemen with tuberculosis are usually discharged to veterans' hospitals as soon as they can be transferred safely. Only arrested cases which require no further medical care are discharged directly to civilian life.

Although no two patients require exactly the same amount of time for convalescence, most military and civilian doctors agree that it is best for the man with tuberculosis to realize from the start that he will probably not be able to pick up the threads of his regular active life for at least eighteen months to two years. Some men will have to wait even longer. This news will come as a shock and certainly as a disappointment to a great many families. Some of them will find it hard to believe, especially because tuberculosis patients frequently look quite healthy and because, to the layman's eye, the care which they receive seems relatively simple to provide.

A good many of these veterans are going to want to return home before they can safely do so. Many more will be urged to leave the hospital by impatient friends and relatives who are certain that they can duplicate hospital care at home. In a few instances, when home conditions are such that the patient can have a separate room with plenty of light and air and when there are ample facilities for the protection of other members of the family, it may be possible for the home to replace the hospital. But in the vast majority of cases this is an undesirable arrangement and you may find it an important part of your job to explain just why this is so.

In the first place, the man who has active tuberculosis can endanger the health of his family by subjecting them to the possibility of infection. Children are particularly susceptible, since they are not likely to have developed strong resistance to the disease.

In the second place, his family—no matter how well-meaning and conscientious they may be—may impede his recovery if they keep him at home, with all the interruption of his routine which that almost inevitably implies. Unexpected visitors who can't be turned away, parties which keep him awake at night, occasional irregularity of meal times, sudden changes in plans, bad news or temporary emotional upsets—all these things are part of family life and all are dangerous for the patient.

While he is hospitalized, he is carefully watched and checked from day to day—service he cannot obtain at home. Skilled doctors and nurses are always present to provide any temporary or permanent treatment which is indicated by his condition. The best of medical equipment is instantly available to him when and if he needs it. He is protected from catching colds and other minor ailments that might slow up his convalescence. He is taught how to take care of himself and how to protect his family after his return.

If He Leaves Despite Advice

In some cases, this job of explaining the necessity for hospitalization will descend upon you after the patient has already left the veterans' hospital. In such instances, it is quite likely that the hospital will notify your chapter that John Jones has insisted on returning to your community although his doctor considers him by no means ready for such a move. It will be up to you, then, to explain to John Jones and his family that this understandable impatience on their part may well mean that he is forfeiting his chances of eventual recovery.

Even if they are persuaded that it is best for him to return to the hospital, he may be reluctant to do so. Perhaps he is embarrassed because he left despite advice to the contrary. Perhaps his family finds it difficult to provide the money for his transportation back to the hospital. Perhaps the fear of financial problems in his absence outweighs his concern for his own health. You are well equipped to deal with all these problems.

He Can Help Himself

The patient's own cooperative attitude is almost as important a factor in his recovery as the care which he receives. During the months he spends in the hospital he has an important job to do. He must be willing to give himself over entirely to the task of getting well. Long,

seemingly endless hours must be spent flat on his back. The less he fights against his enforced idleness the more beneficial it will be. The less he permits himself to worry or to become excited the quicker he can expect to recover.

His family should understand this, too, for they can contribute to or take away from his peace of mind through their letters or visits. If they carelessly burden him with trivial home problems, he may magnify them out of all proportion to their real importance because he hasn't anything else to do and he has plenty of time to brood. Nothing is more frustrating than to be faced with a problem over which one has no control; and certainly from his hospital bed he is in no position to remedy young Johnny's difficulties at school or father's job-hunting problem.

After He Does Come Home

Even after the hospital pronounces him well enough to return home, the tuberculous patient will still need to rest for regular periods each day, to observe the precautions he has learned in the hospital for the benefit of his family and friends, and to resume his normal activities at a discouragingly gradual pace.

If he has come home with medical consent, however, his family need not be preoccupied with the danger of infection, for the chances are that his disease is no longer communicable and even if it were he has been trained to protect other people. If his family prefers to receive instructions about how best to protect his health and their own from more official sources than the veteran himself, they can consult his doctor or a public health nurse and can obtain easy-to-follow directions from their local tuberculosis association or health department. If no printed material on the subject is available in your community, it can be obtained from the state tuberculosis association.

With tuberculosis, there is always a possibility—though not necessarily a probability—of a relapse. As a result, it is absolutely essential for anyone who has ever had this disease to report to a physician for regular check-ups. It is important, too, for him to take better care of himself than he otherwise would. A cold, an emotional upset, a brief indisposition, is more dangerous for him than it would be for other people. There is no reason for him to behave as, or to be treated as, an invalid after the doctor has pronounced him well—but there is good reason for him to take every precaution against infection and a generally rundown condition.

At the Other Extreme

Difficult as it is for some people to recognize the gravity of this illness, other families will have a tendency to overemphasize the veteran's

weakness and to discourage him from taking a job or resuming his social activities even when he is ready to do so.

Sometimes his wife or mother will have become so accustomed to having him at home and to waiting on him all the time that she will unconsciously prolong his dependence upon her and refuse to recognize his improving physical condition. In other instances she will hesitate to let him go back to work, because she is afraid to trade the security of disability benefits and insurance benefits for the uncertainty of commercial employment. Actually, his compensation payments are not at all affected by whether he does or does not work. They are reduced not in proportion to his income, but rather depending upon his physical condition. At stated intervals after the disease has been arrested his benefits will be cut, and this is good news rather than bad news for it means that he is able to be increasingly independent.

The Employment Question

Lists of jobs which are suitable for people who have had tuberculosis have been compiled by various agencies, but actually each man's doctor is the final authority on what kinds of work he can and cannot do. Whether or not he can work in close contact with other people depends entirely upon his physical progress. Whether he can work full time or only part time is again a medical decision.

It goes without saying that strenuous physical labor is not desirable for a man who has had tuberculosis, but it is dangerous to generalize about the advisability of "light work" vs. "heavy work." So-called light work which happens to be outdoors and which exposes the man to inclement weather and severe winter is probably worse than more taxing labor indoors. Jobs which expose him to dust or fumes are probably not desirable, but in the case of free silica or asbestos dust they are absolutely out of the question. There are long lists of occupations which involve this prohibitive risk, among them: abrasive maker, sand blaster, hard-rock driller, cement worker, glass mixer, brake-lining maker, roofing and insulation material worker.

It is quite possible that he will be advised never to take a job which involves the handling of food or close contact with children. This may surprise his family if his is an arrested case and they had been told that there was no danger of infection. Actually, this comes under the heading of an *extra* precaution. Unlikely as a relapse might be, it is just as well to avoid these particular occupations, if only for his own peace of mind.

Employers may need some information before they are willing to make minor changes in his assignment or to subject other employees to what they may consider the danger of infection. In some instances

it may be helpful for you to visit the employer yourself and to assure him that the doctor would not permit this man to return to work if he were suffering from active tuberculosis and constituted anything like a menace to the health of his fellow workers.

Climate and Transportation

For many years a misconception about the importance of climate has been plaguing the families of people with tuberculosis. You will probably meet some families who feel that they must move to Arizona or Colorado or California for the sake of the veteran's health. No such move is at all necessary. Most doctors feel that a high, dry climate is a fine thing for the patient's morale if that happens to be the climate of his home town or any other town where he particularly wants to live. But it is by no means essential and it is probably highly undesirable if it can be achieved only by disrupting the whole family and subjecting them all to the strain and insecurity of trying to make their way, socially and financially, in a strange city. If climate were anything like so important a factor as most people believe, tuberculosis sanitoria and veterans' facilities would all be located in exactly the same areas, whereas actually they are operating all over the country in all kinds of climates with no appreciable difference in results.

The other piece of advice which is distributed freely to the families of people with tuberculosis concerns public transportation. If the recovered patient has taken a job which is not around the corner from his home, his family will be told to move at once rather than subject him to the rigors of traveling to and from work. This advice is valid only if it comes from his doctor. Naturally, long trips on crowded buses or street cars or subways are better avoided if possible. But perhaps they constitute much less of a menace to his health than the crowded, airless living conditions in the neighborhood where he works.

His Prospects for Marriage and Children

It is absurd to say that no man who has ever had tuberculosis should marry and have children, but it is equally absurd to say that all these patients can take for granted that such a move is perfectly safe. Here, as in almost every other decision he must make, he must be guided not by the confident predictions or gloomy forecasts of his friends and relatives but rather by the advice of his doctor. In most cases he will reach a stage of recovery where his doctor will tell him to go ahead and raise a family. In some cases he will not and he will certainly prefer to consult his physician before taking any such step.

On the Social Side

Of course he can expect to have fun; this is the first thing to remember. But he cannot have it at the expense of his health. Regular hours, plenty of sleep, good food, and not too much exertion are irreplaceable factors in his routine. He doesn't have to give up the world of sports—such relatively light activities as golf and bowling and table tennis will probably be approved by his doctor. But strenuous competitive sports like football or tennis are almost certainly going to be prohibited and he will have to plan his recreation around less taxing forms of exercise.

When his convalescence is over, he will find his entertainment in exactly the same places as he used to: the movies, the theater, private parties, card games, dances. He may not be able to take as many gala evenings as he used to or to stay up as late as he used to, but the difference will be one of degree rather than of kind.

The Major Consideration

Time, of course, is the major factor both in recovery from tuberculosis and in the attitude of the patient and his family. Since long years are usually required for complete cure, these men will need to develop more patience than most people are usually blessed with. The long duration of his illness is trying to his family as well as to him, and it is natural for them to chafe against the restrictions on his activities after their first concern about his health has worn off. It will be hard for him not to fall into a pattern of life which stamps him as a permanent invalid; it will be hard for them not to think of him as permanently disqualified from anything which involves even minor exertion.

The answer lies not in refusing to recognize the seriousness of his illness—for that will postpone his recovery indefinitely—but rather in keeping the future as firmly in sight as the present. He and his family will need to cultivate a state of mind in which they are always aware of the need for careful attention to his health during his convalescent period, but no less aware of the fact that in the years to come he will be a productive, self-supporting, reasonably active member of the family and of the community.

Tropical Diseases

Perhaps because they are new and strange to this country, tropical diseases have a way of sounding much more sinister to the average person than many of them really are. Lack of accurate information on the part of the general public has given rise to a variety of ill-founded rumors and distortions of fact, with the result that the families of men

who have contracted these diseases are apt to be plied with disturbing misinformation about the future condition of the patient.

You can contribute to their peace of mind by helping to spike these rumors. When you know the facts, use them as reassurance.

Because most veterans who have served in tropical areas have seen a good many cases of these diseases, there is some danger of self-diagnosis. A few diseases which are prevalent here in the United States, such as Rocky Mountain spotted fever, Eastern spotted fever, even pneumonia, can produce symptoms which, to the untrained eye, resemble those of tropical diseases. You cannot overemphasize the importance of consulting a physician as soon as any symptoms appear, no matter how confident the veteran and his family may be that they know exactly what the trouble is and just how to go about curing it.

Malaria

The most familiar and the most widespread of all the tropical diseases is malaria. It is caused *only* by the bite of the anopheles mosquito, an insect which abounds in tropical climates. The Army and Navy Medical Corps knew about the presence of these mosquitoes and undertook heroic measures to exterminate them. Sanitation, swamp drainage, the use of the amazing new insect-killer DDT, and painstaking education of the troops on how best to protect themselves were all put into operation. Obviously, however, even these precautions could not be 100 percent effective, especially since no such protective devices were undertaken by the enemy and our soldiers and sailors had to be shifted to newly won territory before mosquito control could be put into operation.

The only way of wiping out malaria is to exterminate the anopheles mosquito, but our military doctors had another effective weapon against the disease. This weapon was the drug known as atabrine. Atabrine cannot prevent infection, but it can and does reduce the severity and intensity of the symptoms. As a result, atabrine was widely administered to troops who went into malarial regions and some veterans who have returned from those areas will have been instructed to continue taking it for some time after their discharge.

Some of the rumors associated with malaria are byproducts of the treatment rather than the disease, for atabrine, which is a kind of dye, produces a yellowish tinge in the skin when taken in sufficient doses. This harmless discoloration is temporary; it is not to be confused with jaundice or yellow fever; it comes from the drug rather than from malaria itself and it is nothing to worry about. Another, probably enemy-inspired, rumor that atabrine causes ulcers is absolutely groundless. Actually, atabrine is no more harmful than aspirin.

The well-known symptoms of a malaria attack are chills and fever alternating over a period of several days. The other familiar characteristic of this disease—and the one which causes the most worry—is the fact that these attacks can occur again and again. You will probably be faced with a good many questions about the frequency of attacks, the length of time during which fresh attacks can be anticipated, the outlook for the future. Here are the facts:

In general, our troops have been exposed to three types of malaria. *Falciparum,* more commonly known as "malignant tertian malaria," or less accurately "cerebral malaria," used to be much more serious than it is now. Fortunately, the discovery and use of atabrine proved so effective in combating this type that the veteran who has contracted it need fear no recurrences after proper treatment if he has been faithful in taking his atabrine as recommended, in the treatment of his initial attack of this type of infection.

The other two types are *vivax* or *benign tertian malaria* in which the attacks are characterized by chills and fever every 48 hours, and *quartan malaria,* in which the chills and fever come every 72 hours during an attack. Both these forms of malaria are liable to recur. It is important to remember, however, that about half of all malaria patients have either one recurrence or none. Relapses are not considered inevitable. In vivax malaria relapses may be recurrent, but as time goes on they become milder and most veterans will find that they have disappeared entirely inside of three years. The relapses of quartan malaria are less frequent but, since this parasite is less responsive to treatment, there is a possibility of relapses over a longer period of time. However, very few servicemen acquired this type of malaria.

Naturally people will want to know how best to avoid successive attacks. Keeping the patient in the best possible physical condition is probably the best answer. There is no one particular cause which is certain to bring on a recurrence of malaria, but fatigue, inadequate diet, worry, alcoholic excesses—anything which lowers body resistance —are apt to contribute to a relapse.

Most important for the family to remember is that malaria is rarely fatal and that even if successive attacks are experienced there is no cause for undue alarm. The patient will feel pretty much weakened for a few days after an attack but he will soon be feeling fine again.

On the subject of employment, it is true that some men who have had malaria may have to face occasional brief absences from their jobs. But they will come at longer and longer intervals and eventually they will no longer be necessary at all.

A good deal of apprehension has been caused by the fact that malaria does not usually manifest itself immediately after infection. There is a possibility that symptoms will occur for the first time after the

veteran has returned from malarial areas and been discharged to civilian life. Doctors feel that the vast majority of these attacks will take place within three months after atabrine has been discontinued and that none need be anticipated if no symptoms have appeared within a year of removal from the infected area and the discontinuance of atabrine. However, if any veteran who has been exposed to malaria does come down with chills and fever he should report to a doctor at once.

There has been some concern and much talk about the possibility of malaria spreading in this country. It is not a contagious disease. The patient cannot give it to his family or to those who attend him during an attack. The only way in which he can contribute to the infection of other people is by being bitten by an anopheles mosquito which, in turn, bites them. This particular kind of mosquito is not numerous in this country, although it does exist. Precautions against malaria, therefore, have nothing to do with avoiding the patient. They are bound up in mosquito control and many of them are the responsibility of state and county public health officials. Others can be enforced by individuals and it is certainly the housewife's responsibility to see that the house is screened during mosquito breeding seasons, and that insecticide is used if mosquitoes are prevalent.

Filariasis

Much less frequent but even more rumor-surrounded than malaria is the disease known as filariasis. Another mosquito-borne disease, this one is apt to take the form during an attack of temporary swelling and tenderness in the arms, legs, or genital areas, sometimes accompanied by red streaks, nausea, headaches, and fever. Attacks usually last only a few days but they are apt to be more or less painful and to be accompanied by mental depression. The depression is largely the result of the fear which has been bred as a result of mistaken ideas about the future effects of the disease.

Because an attack of filariasis often produces symptoms in the sexual organs and because among natives it occasionally results in a permanent condition known as elephantiasis, this particular disease causes great anxiety on the part of the patient. Most of the servicemen who contracted it were infected in the Samoan Islands, a very few in the Philippines and the Solomons. Natives in these areas are subject to elephantiasis, which produces enormous and unsightly swellings of the arms, legs, and testicles. Putting two and two together, some of the patients jumped to the hasty conclusion that elephantiasis is the end result of filariasis. They had not, however, stopped to consider the reassuring factors in the situation. In the first place, even in areas where *filariae* abound, only a small percentage of the natives ever

develop elephantiasis. In the second place, the natives who do get it have been exposed to filariasis all the years of their lives. They have been infected and reinfected over and over again for periods of years. Our servicemen on the other hand have been exposed only for limited periods. Only a relatively small number have been infected at all and they were removed from the area and from the possibility of reinfection as soon as any symptoms occurred. Medical tests on those who were infected prove that the cases among our troops were very light and bear no relation to those of the natives. The fears of impotence, sterility, and permanent swelling are groundless. As a matter of fact, the Navy reports that of the sailors and marines who were filariasis patients, many have already begun to raise families.

Attacks of filariasis may last for several days and they may recur, but relapses are by no means the rule and it is altogether possible that, having had one attack, the veteran will exhibit no further symptoms. The severity of attacks varies widely; some men are pretty sick for several days, others are only slightly uncomfortable. In any case, relapses are progressively milder and eventually they die out altogether.

Like malaria, filariasis does not manifest itself immediately after infection, and it is conceivable that the first attack might come after the veteran has been discharged. There should be very few such cases, however, for as soon as the disease became known to military doctors elaborate mosquito control measures were instituted and for the past several years our troops have been well protected against *filariae.*

Again as in malaria, the veteran's family cannot catch filariasis from him. They can get it only if they are repeatedly bitten by infected mosquitoes. The infection in veterans has been arrested so that there is practically no chance that they will infect mosquitoes and spread the infection. Routine household procedures for the elimination of mosquitoes are, of course, advisable as the means by which every family can contribute to the eventual elimination of all mosquito-borne diseases.

Dengue Fever

Dengue fever sometimes occurs in the United States as well as in the tropics. Carried by a mosquito called *Aedes Egypti,* dengue is painful and pretty much incapacitating while it lasts—usually a period of five to seven days. Convalescence may be slow, but this disease will not recur, and the only way the patient can have a second attack is to be bitten by *Aedes Egypti* again. As a matter of fact he has a certain advantage in this respect, for one attack makes him immune from further infection for a period of one to three years.

Doctors are now working on a vaccine for dengue which is considered extremely promising. In the meantime, mosquito control is the only effective precaution against it.

Dysentery

Dysentery, like dengue fever, is not peculiar to tropical climates although it is frequently found there. Inadequate sanitary conditions can produce an epidemic of dysentery anywhere in the world. The parasites which carry the disease are bred in the intestines and spread in impure water supplies, in inadequate sewage disposal systems, in places where flies are allowed to collect and breed, and in food infected by food handlers.

Of the two forms which dysentery takes, the *amoebic* type may recur, while the *bacillary* type usually spends itself in one attack. The chief symptom of both is diarrhea but, since this is also a symptom of a great many other ailments, a reliable diagnosis can be made only by a physician.

This disease *is* contagious. When an attack occurs, it can be transmitted through flies, fingers, food, and clothing, and scrupulous attention to the doctor's instructions are necessary to protect other members of the household. Careful handwashing is important. The patient should be in bed during an attack and he should most certainly be under the care of a physician both for his own sake and for the protection of his family. Doctors are familiar with several highly efficient drugs which can combat and eventually clear up even the most persistent forms of dysentery.

Because a carrier state may persist, no one who has had *amoebic* dysentery should take a job which involves the handling of food until it is certain that the infection has been eliminated.

Other Tropical Diseases

There are other varieties of tropical diseases to which some of our troops have been exposed, but these are chiefly a military problem, since they will have been cured before the veteran was discharged and he need not fear relapses.

Scrub typhus is one such disease and you may meet some questions about it, since it usually involves loss of weight, anemia, and the shedding of hair. All these effects are temporary and the families of veterans who have contracted scrub typhus need be concerned only with following the instructions he received about regaining his normal weight and building up his physical condition.

Tropical skin diseases have caused a good deal of concern among our servicemen, chiefly because the patients worry about their appearance. The unsightly blotches or sores which characterize these diseases are temporary, and once cleared up, they do not recur. Furloughs from the hospital before the patient is completely cured are quite safe, because these are not contagious diseases and there is absolutely no danger to other people.

It is likely that the man who has had a tropical skin disease will have been advised to plan his diet carefully and to be sure that he is getting liberal quantities of vitamin C, but these are measures which are designed to restore him to top physical condition and his family need not fear that they are precautions against further attacks.

A Hint to Families

Doctors and Red Cross workers overseas have noticed that servicemen with tropical diseases are apt to be irritable and restless during and immediately after attacks. Veterans who experience recurrences may tend to make unreasonable demands on their families, too. There are several reasons for this behavior, all perfectly understandable. Each man will have been hoping against hope that he will have no further relapses and each fresh attack will be a great disappointment to him. He may even become a little suspicious of the comforting predictions which the doctor has made about his outlook for the future. It is only human to retreat into pessimism when one is feeling sick. It is human, too, to want to do more than is physically possible immediately after the pain and discomfort disappear. The families of these men may have to draw upon their reserve stocks of patience during the early months of reunion. They can, however, look forward to improvement in almost every instance and the extra effort they have put into making the veteran comfortable and keeping him happy is a sound investment in the future.

CHAPTER VIII

The Key to the City

AS A HOME SERVICE WORKER you will have made it your business to find out what groups—official or voluntary—and what individuals in your community have something to offer the veteran. When you talk to John Jones, ex-serviceman, you will want to make sure that he knows about all the services and types of friendly assistance which the town provides for his benefit.

You know, of course, that his Selective Service board, the Veterans Administration, and the local representatives of the United States Employment Service are prepared to help him with employment problems. If there is a veterans' service center in your town, you will be familiar with all the organizations and agencies represented on its board of directors. If psychiatric treatment is available, you will know how and where and on what basis he can take advantage of it if he needs it. If his questions revolve around family problems, you will be familiar with your community's resources in the way of family service agencies, children's agencies, nursery schools, child guidance clinics, and so forth. If his is primarily a health problem, you will be able to refer him to the appropriate clinic, veterans' hospital, or public health organization. You can interpret his rights and benefits as guaranteed by the government and assist him in taking advantage of them.

But there are a number of other less obvious but equally helpful resources in almost every community. No two American towns are exactly alike and no two will have precisely the same things to offer the veteran. Look around you and see what your town has provided in the way of libraries, recreation facilities, social opportunities, educational resources, church groups. Get to know the independent businessmen's groups which have so frequently banded together to help the veteran. You may find that a committee of local leaders in advertising or chemistry or engineering or retail business have set themselves up as an informal panel which is prepared to give sound advice to veterans interested in those fields. Perhaps real estate men have pledged themselves to make a special effort to help in the house-hunting efforts of veterans. Possibly the local schools and colleges have set up special courses for age groups in which the returned veteran will feel more comfortable. Probably the YMCA or the Chamber of Commerce or the Rotary Club or the American Legion post has planned special programs which will be of interest to some of the veterans you

talk to. The local photographer may have offered to lead a camera club for veterans who want to find a career or a hobby in that field. The local museum may be offering evening courses in painting or sculpture or ceramics for men whose first interest in the arts was uncovered in a hospital during the war.

It will take some digging for you to find out where all the opportunities are in your town—but once the spade-work is over the fruits of your labor will be abundant. If it means that on only one occasion you will be able to help one veteran to find the kind of help he never suspected was available, you will feel well rewarded.

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American National Red Cross
AUTHOR
Helping disable Veterans.
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